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ABSTRACT

California state law A.B. 2666 establishes standards for provision of preschool special education programs and services for eligible children, aged 3-5, and their families. This handbook was developed as a resource in planning and implementing appropriate service models, and is organized into four major sections: "General Information," "Administration," "Assessment," and "Program Operations." The general information section contains the text of A.B. 2666 and supporting state and federal codes; an explanation of the key concepts of A.B. 2666; and a resource guide describing best practices in early childhood special education programs, including: program philosophy, community networking, developmental assessment, child development, educational planning and implementation, working with families, administrative concerns, staff development, environmental design, health concerns, and program evaluation. The administration section explains the funding model for A.B. 2666, the rationale for transdisciplinary early childhood assessment teams and integration of young children, and sample interagency agreements. The section on assessment contains information on conducting preschool assessments, the philosophy of team assessment, the importance of family involvement, and linking assessment to program planning. The final section on program operations covers family involvement, community networking, community resources, least restrictive environment, social integration, curriculum considerations, and needs assessment for staff development. (JDD)

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A.B. 2666
A Law for All Preschoolers with Exceptional Needs and Their Families

Preschool Special Education Program Handbook

A resource to the field . . .

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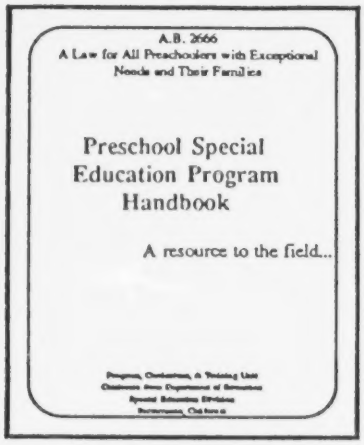
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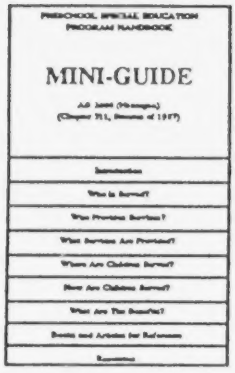

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Preschool Special Education Program Handbook,

A resource to the field...

The *Preschool Special Education Program Handbook* is designed as a resource for information and practical ideas to implement new legislation impacting preschoolers (three through five) with exceptional needs and their families (AB 2666 and PL 99-457). Planning and development of new service delivery models under AB 2666, appropriate to these young children and their families, are guided by the following concepts:

* family-focused service delivery model,
* transdisciplinary approaches to assessment and program delivery,
* staff development to provide opportunities for those working with preschoolers to develop and refine skills in the provision of early childhood special education programs and services,
* coordination with community-based preschool programs to promote integration opportunities in age appropriate settings, and
* interagency coordination.

The *Handbook* is divided into five major sections: Overview, Administration, Assessment, Program Operations, and Annotated Bibliography.

MINI-GUIDE

The *Mini-Guide* is a companion to the *Preschool Special Education Program Handbook*. This short document provides basic information on AB 2666, legislation which 1) establishes program standards for early education services for preschoolers (three through five years of age) with exceptional needs and their families and 2) which expands the population of preschoolers served by special education. The *Mini-Guide* provides an introduction to AB 2666 and describes who is served, who provides services, what services are provided, where children are served, how children are served, and the benefits. A brief listing of references and resources are also included. The *Mini-Guide* is included with the *Handbook* or may be purchased separately for $2.00.

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Each SELPA and AB 2666 Program Administrator will receive a complimentary copy of the *Handbook* and *Mini-Guide*.

A.B. 2666
A Law for All Preschoolers with Exceptional Needs
and Their Families

Preschool Special Education Program Handbook

A resource to the field . . .

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This publication was edited and prepared for photo-offset production by Personnel Development for Infant Preschool Programs under the direction of the Program, Curriculum, and Training Unit, Special Education Division, California State Department of Education.

Copies of this publication are available for $20.00 each, plus shipping and handling, and sales tax for California residents, from Resources in Special Education (RiSE), 650 University Avenue, Room 201, Sacramento, California 95825.

Acknowledgements

The opportunity to participate in the development of new preschool programs under P.L. 99-457, Title 2, would not be possible without the passage of A.B. 2666. Assemblyman Tom Hannigan and his staff must be congratulated for their efforts in carrying and promoting this legislation. The support generated by advocacy groups, parent and professional organizations was critical to the passage of this legislation.

The Special Education Division of the State Department of Education was a major participant in coordinating the efforts to get this legislation passed. Patrick Campbell, Director of the Special Education Division, Paul Hinkle, Legislative Coordinator, and especially the staff of the Infant Preschool Unit, Nancy Obley-Kilborn, Betsy Qualls, Doug McDougall, Sally Hinton, Janine Swanson, Shelley Harris, Rachael Cross and Romona Burton, worked tirelessly to assure passage of this legislation. They gathered field input to assure that the legislation would address field needs, as well as working with the Legislature.

Throughout the development of the legislation, Virginia Reynolds has acted as a consultant to the Special Education Division and a liaison to field concerns. Special thanks must be given to the San Bernardino County Superintendent of Schools Office for releasing Virginia Reynolds from her assignments and allowing her to participate in this process.

A "thank you" must be expressed to the representatives of the many organizations who provided direct and indirect input into the development of this handbook.

Chris Parker of the Personnel Development for Infant Preschool Programs deserves special thanks for typing, printing, formatting, and producing the handbook (over and over through the multiple revisions).

The development of these materials was supported by the Infant Preschool Unit, Special Education Division, California State Department of Education, and produced by the Personnel Development for Infant Preschool Programs.

Introduction

Patrick Campbell
Director, Special Education Division
California State Department of Education

California's expansion of preschool special education programs and services, beyond those provided to preschoolers requiring intensive special education, will be through a four year phase-in plan leading to a statewide mandate by June 30, 1991. The implementation of AB 2666, passed by the Legislature and signed by the Governor in July 1987, established program standards for the provision of preschool special education programs and services that apply to all eligible 3 through 5 year old children and their families. The phase-in plan applies to the expansion of services to the newly eligible preschool population. This phase-in period provides an opportunity for Special Education Local Plan Area's and Local Education Agencies' to participate in planning and program development prior to the mandate. The full range of programs and services must be in place for all eligible three through five year old children with exceptional needs and their families by the target year of 1991.

This handbook was developed as a resource in planning and implementing service models appropriate to preschoolers. The following concepts are critical in implementing preschool programs under AB 2666:

* interagency coordination,
* coordination with community-based preschool programs to promote integration opportunities in age appropriate settings,
* family-focused service delivery model,
* trandisciplinary approaches to assessment and program delivery, and
* staff development to provide opportunities for those working with preschoolers to develop and refine skills in the provision of early childhood special eduation programs and services.

The requirements and expected outcomes in AB 2666 during the four year phase-in period provide opportunities for creative approaches in program development. If the annual program evaluations support the expected outcomes, then a large number of participating five and six year old children will have graduated from the preschool special education program equipped with readiness skills and/or learning strategies to enter regular education programs successfully. Those preschoolers who do continue to need special education are anticipated to require less intensive services in kindergarten and on throughout their school life. This is a unique opportunity to develop innovative and effective programs for young handicapped children and their families that will have a significant impact on special education services and parent/professional partnerships in the years to come.

Technical assistance is available through the Infant Preschool Unit and staff development is available through Personnel Development for Infant Preschool Programs of the Special Education Division. I would also invite your input on successful strategies as well as recommendations for revisions in identified areas of the preschool program. I challenge each of you participating in this program to work in partnership with the Department of Education as California moves toward making quality services available to all eligible preschoolers and their families.

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Overview

In 1975, P.L. 94-142 was passed which guarantees a free appropriate public education to all school age handicapped children. In 1986, P.L. 99-457, the Education of the Handicapped Act Amendments of 1986, was passed. Within the law, Title II extends all the rights and protections of P.L. 94-142 to handicapped children ages three through five and establishes a new preschool grant program.

In order to participate in the federal handicapped preschool grant program, California needed to enact new legislation. In July 1987, AB 2666 was signed by the Governor. It establishes a four year phase-in of special education services and mandates program standards for all preschoolers with exceptional needs. Prior to this, public schools in California were mandated to serve only handicapped preschool children requiring intensive special education and services.

The Special Education Division, Infant Preschool Unit of the California State Department of Education is actively working with the field to assist in the implementation of this legislation. The following key concepts are critical to California's expansion of preschool special education programs and services.

* Interagency coordination
* Coordinating with community-based preschool programs to promote integration opportunities in age appropriate settings
* Family-focused service delivery model
* Trandisciplinary approaches to assessment and program delivery
* Staff development to provide opportunities for those working with preschoolers to develop and refine skills in the provision of early childhood special education programs and services.

The *Preschool Special Education Program Handbook* is designed to provide the field with resources and ideas on these key areas of the new legislation (AB 2666, PL 99-457) for serving preschoolers with exceptional needs and their families. The handbook combines new materials with existing materials which have been edited or expanded, to assist in the development of appropriate programs for preschoolers and their families.

These materials have been developed to serve as a ready resource on early education for preschoolers with exceptional needs and their families. A notebook format was selected to accommodate new sections of the handbook as they are developed. The handbook is intended to provide a starting point in learning more about services to preschoolers with exceptional needs and their families. As programs implement the new legislation, specific areas of interest and need will emerge for further exploration, perhaps guided by resources and bibliographies in the handbook.

The handbook is organized into four major sections: General Information, Administration, Assessment, and Program Operations. Within each of these sections is a table of contents, listing the section topics and materials.

General Information

This section includes:

* A.B. 2666 and Supporting State and Federal Code
  The actual bill and supporting state and federal codes are provided.
  - A.B. 2666
  - Education Code Reference - Definition of early education services (56441.6 & 56426.6)
  - Title 5 of the California Administrative Code, Section 3030 & 3031 - Eligibility Criteria
  - Education Code - Part 30, Eligibility Criteria for Language/Speech Disorder and Specific Learning Disability
  - Education of the Handicapped Act: Title 20 - Federal definition of handicapped children
  - Education of the Handicapped Act: Title 34, Part 300 - Federal definition of related services

* Key Concepts - A.B. 2666
  An explanation of the Key Concepts of A.B. 2666 is provided.

* Resource Guide for Early Childhood Special Educators
  A series of topics that describes best practices in early childhood special education programs. Each topic includes a program evaluation checklist.

Assembly Bill No. 2666

CHAPTER 311

An act to amend Section 56221 of, to amend, add, and repeal Sections 56001 and 56026 of, and to add and repeal Chapter 4.45 (commencing with Section 56440) to Part 30 of, the Education Code, relating to education, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor July 29, 1987. Filed with Secretary of State July 30, 1987.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2666, Hannigan. Special education and services.

Existing law declares that it is the intent of the Legislature that special education programs provide, among other things, early educational opportunities to all children between the ages of 3 and 4 years and 9 months who require intensive special education and services.

This bill would, instead, declare that it is the intent of the Legislature that special education programs provide, by June 30, 1991, early educational opportunities for all children between the ages of 3 and 5 years, inclusive, who require special education and services. By expanding the group of eligible persons and by requiring that special education and services be provided to persons in that age group who do not require intensive education and services, this bill would impose a state-mandated local program.

Existing law requires each entity providing special education under specified provisions to adopt policies for programs and services it operates consistent with specified agreements.

This bill would require the policies to include the maximum caseloads with respect to the provision of early education services for preschool children.

Existing law requires the submission to the Superintendent of Public Instruction of local plans for the education of individuals with exceptional needs, as specified.

This bill would, in addition, require that each special education local plan area submit a plan to the superintendent by September 1, 1987, for providing special education and services to individuals with exceptional needs, as defined, who are between the ages of 3 and 5 years, inclusive, as specified. By requiring this additional report, this bill would impose a state-mandated local program.

This bill would require that the superintendent provide for a 4-year phase-in of these individuals who do not require intensive special education and services, as specified, and would require that these individuals be served, as specified, by June 30, 1991, to the extent required under federal law. This bill would exclude

individuals who require intensive special education and services from the phase-in plan.

This bill would require the special education local plan area director to submit a written report on local educational agencies that are expected to have an increased demand on school facilities as a result of the projected growth of individuals with exceptional needs who are between the ages of 3 and 5 years, and thereby impose a state-mandated program. This bill would require the State Allocation Board to assess and explore ways to resolve the school facilities impaction situation and would require the superintendent to provide technical assistance to local educational agencies, as specified.

This bill would require that the superintendent develop a funding formula for the distribution of specified federal funds to local providers, to be developed in consultation with the Legislative Analyst and the Director of Finance, as specified.

Existing law defines "individuals with exceptional needs" to include, among other persons, individuals between the ages of 3 and 4 years and 9 months, inclusive, requiring intensive special education or services, as specified.

This bill would define that term to include, in addition, persons between the ages of 3 and 5 years, inclusive, requiring intensive special education and services, as specified, and persons between the ages of 3 and 5 years, inclusive, who require special education and services, yet do not require intensive education and services. By expanding this definition to include persons between the ages of 3 and 5 years, inclusive, and to include persons who do not require intensive education and services, this bill would impose a state-mandated local program.

This bill would require that these services by state and local agencies be coordinated with other state and local agencies, as specified. This bill would require the superintendent to identify similar services by other state and local agencies.

This bill would require an early education program, as specified, to include specially designed services to meet the unique needs of preschool children, as specified.

This bill would authorize providing early education services to individuals or small groups and would require that these services include specified components. This bill would specify that the duration of group services shall not exceed 4 hours per day unless determined otherwise, as specified.

This bill would require that these services be provided in age-appropriate environments, as specified, would require appropriate instructional adult-to-child ratios for group services, as specified, and would require provision of family involvement activities, as specified.

This bill would require provision of early education services for preschool children through a transdisciplinary team approach, as

specified, and would require the superintendent to issue caseload guidelines or proposed regulations, as specified.

This bill would authorize provision of early education services for preschoolers through various mechanisms, including, but not limited to, contracting for the services, as specified.

This bill would encourage the use of cost-effective contracts for the provision of these services, and would prohibit the use of specified funds for funding these services.

This bill would establish eligibility requirements for these services, as specified, and would require that the superintendent evaluate the effectiveness of these eligibility requirements by June 30, 1988, and recommend legislative changes, as needed.

This bill would require that the criteria and options for meeting the special education transportation needs of preschool children be included in the local transportation policy, as specified, and would thereby impose a state-mandated local program.

This bill would require that the superintendent provide training and technical assistance, as specified, and develop program modification methods and models, program guidelines, curricula, personnel standards, and a plan to meet the unique needs of children who are limited-English proficient, and of diverse cultural backgrounds, as specified.

This bill would require the State Department of Education to amend its interagency agreement with the Administration for Children, Youth, and Families, Region IX, Head Start, United States Department of Health and Human Services, to permit a district, special education local plan area, or county office to contract with a Head Start program for special education and services for individuals with exceptional needs between the ages of 3 and 5 years, inclusive.

The bill would require the superintendent, as part of the annual evaluation for special education programs conducted pursuant to existing law, to conduct an evaluation of the effectiveness of the expanded preschool programs provided by this bill.

This bill would declare the intent of the Legislature that the gains made in the special education program for individuals who received education and services pursuant to this bill are not to be lost by the removal of the individualized programs and supports too rapidly. This bill would require the individualized education program team to identify a means of monitoring the child, as specified, as part of the transition process, and to note the performance level and learning style, as part of the exit process, from special education.

The bill would require the superintendent to adopt rules and regulations to ensure that apportionments, inclusive of federal funds, for all individuals with exceptional needs between the ages of 3 and 5 years, inclusive, shall be paid, to the extent permitted by federal law, for no more than 3% of the statewide population of children between the ages of 3 and 5 years, inclusive, as determined in the demographics prepared by the Department of Finance in the

1990–91 fiscal year.

This bill would provide that specified provisions of this bill shall not be construed to limit the responsibility of noneducational public agencies from providing or paying some or all of the costs of a free appropriate public education for individuals with exceptional needs between the ages of 3 and 5 years, inclusive, and to permit these agencies to reduce specified assistance or alter eligibility under specified provisions of the federal Social Security Act.

This bill would declare that if the federal government fails to fund the authorized level of educational services for the handicapped, as specified, during the federal fiscal year of 1988, or any fiscal year thereafter, California shall terminate its participation in this program.

This bill would require that the superintendent report annually, prior to October 15, to the Joint Legislative Budget Committee and the Department of Finance, as specified. This reporting requirement would become inoperative on January 1, 1992.

This bill would declare that for the 1987–88 fiscal year, funds shall be allocated from the Budget Act, as specified, for the purposes of this bill.

This bill would specify that the changes in existing law which would be made by this bill shall remain in effect only until California terminates its participation in special education programs for individuals with exceptional needs between the ages of 3 and 5 years, as specified.

This bill would require that the Superintendent of Public Instruction provide written notice to the Legislature and the Secretary of State certifying the fact of termination of these programs, as specified.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates which do not exceed $500,000 statewide and other procedures for claims whose statewide costs exceed $500,000.

This bill would provide that, if the Commission on State Mandates determines that this bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to those statutory procedures and, if the statewide cost does not exceed $500,000, shall be made from the State Mandates Claims Fund.

This bill would declare that it is to take effect immediately as an urgency statute.

The people of the State of California do enact as follows:

SECTION 1. The Legislature hereby finds and declares all of the following: Legislative finding

(a) That approximately 18,000 handicapped children in California between the ages of three and five years, inclusive, would benefit from special education and services under Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 U.S.C. Secs. 1411, 1412, 1413, and 1419) over the next four years.

(b) That preschool services for individuals with exceptional needs help enhance intelligence in children; produce substantial gains in physical development, cognitive development, language and speech development, psychosocial development, and self-help skills development; help prevent the development of secondary handicapping conditions; reduce family stress; reduce societal dependency and institutionalization; reduce the need for special class placement in special education programs once the children reach school age; and save substantial costs to society and our schools.

(c) That California will lose substantial federal funding if the state does not participate in Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 U.S.C. Secs. 1411, 1412, 1413, and 1419), and stands to gain a minimum of twenty-two million dollars ($22,000,000) in the 1987–88 school year in new federal funds if California participates in the new handicapped preschool grant program.

(d) That by serving an additional 18,000 handicapped preschoolers over the next four years, the early intervention investment would result in a significant cost avoidance for the state over the educational years of these children.

SEC. 2. Section 56001 of the Education Code is amended to read:

56001. It is the intent of the Legislature that special education programs provide all of the following:

(a) Each individual with exceptional needs is assured an education appropriate to his or her needs in publicly supported programs through completion of his or her prescribed course of study or until the time that he or she has met proficiency standards prescribed pursuant to Sections 51215 and 51216.

(b) By June 30, 1991, early educational opportunities shall be available to all children between the ages of three and five years, inclusive, who require special education and services.

(c) Early educational opportunities may be made available to children younger than three years of age who require intensive special education and services and their parents.

(d) Any child younger than five years, potentially eligible for special education shall be afforded the protections provided by this part and by federal law commencing with his or her referral for special education instruction and services.

(e) Each individual with exceptional needs shall have his or her educational goals, objectives, and special education and related services specified in a written individualized education program.

(f) Education programs are provided under an approved local plan for special education that sets forth the elements of the

New mandate to be fully implemented by June 30, 1991.

programs in accordance with this part. This plan for special education shall be developed cooperatively with input from the community advisory committee and appropriate representation from special and regular teachers and administrators selected by the groups they represent to ensure effective participation and communications.

(g) Individuals with exceptional needs are offered special assistance programs that promote maximum interaction with the general school population in a manner that is appropriate to the needs of both.

(h) Pupils be transferred out of special education programs when special education services are no longer needed.

(i) The unnecessary use of labels is avoided in providing special education and related services for individuals with exceptional needs.

(j) Procedures and materials for assessment and placement of individuals with exceptional needs shall be selected and administered so as not to be racially, culturally, or sexually discriminatory. No single assessment instrument shall be the sole criterion for determining placement of a pupil. The procedures and materials for assessment and placement shall be in the individual's mode of communication. Procedures and materials for use with pupils of limited English proficiency as defined in subdivision (m) of Section 52163, shall be in the individual's primary language. All assessment materials and procedures shall be selected and administered pursuant to Section 56320.

(k) Educational programs are coordinated with other public and private agencies, including preschools, child development programs, nonpublic, nonsectarian schools, regional occupational centers and programs and postsecondary and adult programs for individuals with exceptional needs.

(*l*) Psychological and health services for individuals with exceptional needs shall be available to each school site.

(m) Continuous evaluation of the effectiveness of these special education programs by the school district, special education local plan area, or county office shall be made to ensure the highest quality educational offerings.

(n) Appropriate qualified staff are employed, consistent with credentialing requirements, to fulfill the responsibilities of the local plan and that positive efforts to employ qualified handicapped individuals are made.

(o) Regular and special education personnel are adequately prepared to provide educational instruction and services to individuals with exceptional needs.

(p) This section shall remain in effect only until California terminates its participation in special education programs for individuals with exceptional needs between the ages of three and five years, pursuant to Section 56448, and as of that date is repealed.

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Repeals section upon termination of program.

SEC. 3. Section 56001 is added to the Education Code, to read:

56001. It is the intent of the Legislature that special education programs provide all of the following:

(a) Each individual with exceptional needs is assured an education appropriate to his or her needs in publicly supported programs through completion of his or her prescribed course of study or until the time that he or she has met proficiency standards prescribed pursuant to Sections 51215 and 51216.

(b) Early educational opportunities are available to all children between the ages of three and four years and nine months who require intensive special education and services.

Prior to AB 2666 Mandate

(c) Early educational opportunities may be made available to children younger than three years of age who require intensive special education and services and their parents.

(d) Any child younger than four years and nine months, potentially eligible for special education shall be afforded the protections provided by this part and by federal law commencing with his or her referral for special education instruction and services.

(e) Each individual with exceptional needs shall have his or her educational goals, objectives, and special education and related services specified in a written individualized education program.

(f) Education programs are provided under an approved local plan for special education that sets forth the elements of the programs in accordance with the provisions of this part. This plan for special education shall be developed cooperatively with input from the community advisory committee and appropriate representation from special and regular teachers and administrators selected by the groups they represent to ensure effective participation and communications.

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(g) Individuals with exceptional needs are offered special assistance programs that promote maximum interaction with the general school population in a manner which is appropriate to the needs of both.

(h) Pupils be transferred out of special education programs when special education services are no longer needed.

(i) The unnecessary use of labels is avoided in providing special education and related services for individuals with exceptional needs.

(j) Procedures and materials for assessment and placement of individuals with exceptional needs shall be selected and administered so as not to be racially, culturally, or sexually discriminatory. No single assessment instrument shall be the sole criterion for determining placement of a pupil. The procedures and materials for assessment and placement shall be in the individual's mode of communication. Procedures and materials for use with pupils of limited-English proficiency as defined in subdivision (m) of Section 52163, shall be in the individual's primary language. All assessment materials and procedures shall be selected and

administered pursuant to Section 56320.

(k) Educational programs are coordinated with other public and private agencies, including preschools, child development programs, nonpublic, nonsectarian schools, regional occupational centers and programs, and postsecondary and adult programs for individuals with exceptional needs.

(*l*) Psychological and health services for individuals with exceptional needs shall be available to each school site.

(m) Continuous evaluation of the effectiveness of these special education programs by the school district, special education local plan area, or county office shall be made to ensure the highest quality educational offerings.

(n) Appropriate qualified staff are employed, consistent with credentialing requirements, to fulfill the responsibilities of the local plan and that positive efforts to employ qualified handicapped individuals are made.

(o) Regular and special education personnel are adequately prepared to provide educational instruction and services to individuals with exceptional needs.

(p) This section shall become operative on the date that California terminates its participation in special education programs for individuals with exceptional needs between the ages of three and five years, pursuant to Section 56448.

Makes this section effective upon termination of program.

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SEC. 4. Section 56026 of the Education Code is amended to read:

56026. "Individuals with exceptional needs" means those persons who satisfy all the following:

(a) Identified by an individualized education program team as a handicapped child as that term was defined in subsection (1) of Section 1401 of Title 20 of the United States Code as it read July 1, 1980.

(b) Their impairment, as described by subdivision (a), requires instruction, services, or both which cannot be provided with modification of the regular school program.

(c) Come within one of the following age categories:

(1) Younger than three years of age and identified by the district, the special education local plan area, or the county office as requiring intensive special education and services, as defined by the State Board of Education.

(2) Between the ages of three and five years, inclusive, and identified by the district, the special education local plan area, or the county office as requiring intensive special education and services, as defined by the State Board of Education; or between the ages of three and five years, inclusive, and identified by the district, special education local plan area, or county office pursuant to Section 56441.11.

New definition for preschool individuals with exceptional needs.

(3) Between the ages of five years and 18 years, inclusive.

(4) Between the ages of 19 and 21, inclusive; enrolled in or eligible for a program under this part or other special education program

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prior to his or her 19th birthday; and has not yet completed his or her prescribed course of study or who has not met proficiency standards prescribed pursuant to Sections 51215 and 51216. Any person who becomes 22 years of age while participating in a program under this part may continue his or her participation in the program for the remainder of the then current school year.

(d) Meet eligibility criteria set forth in regulations adopted by the board, including, but not limited to, those adopted pursuant to Article 2.5 (commencing with Section 56333) of Chapter 4.

(e) Unless handicapped within the meaning of subdivisions (a) to (d), inclusive, pupils whose educational needs are due primarily to unfamiliarity with the English language; temporary physical disabilities; social maladjustment; or environmental, cultural, or economic factors are not individuals with exceptional needs.

(f) This section shall remain in effect only until California terminates its participation in special education programs for individuals with exceptional needs between the ages of three and five years, pursuant to Section 56448, and as of that date is repealed.

Repeals section upon termination of program.

SEC. 5. Section 56026 is added to the Education Code, to read:

56026. "Individuals with exceptional needs" means those persons who satisfy all the following:

(a) Identified by an individualized education program team as a handicapped child as that term was defined in subsection (1) of Section 1401 of Title 20 of the United States Code as it read July 1, 1980.

(b) Their impairment, as described by subdivision (a), requires instruction, services, or both which cannot be provided with modification of the regular school program.

(c) Come within one of the following age categories:

(1) Younger than three years of age and identified by the district, the special education local plan area, or the county office as requiring intensive special education and services, as defined by the State Board of Education.

(2) Between the ages of three and four years and nine months, inclusive, and identified by the district, the special education local plan area, or the county office as requiring intensive special education and services, as defined by the State Board of Education.

Definition of preschool individuals with exceptional needs prior to AB 2666.

(3) Between the ages of four years and nine months and 18 years, inclusive.

(4) Between the ages of 19 and 21, inclusive; enrolled in or eligible for a program under this part or other special education program prior to his or her 19th birthday; and has not yet completed his or her prescribed course of study or who has not met proficiency standards prescribed pursuant to Sections 51215 and 51216. Any person who becomes 22 years of age while participating in a program under this part may continue his or her participation in the program for the remainder of the then current school year.

(d) Meet eligibility criteria set forth in regulations adopted by the

board, including, but not limited to, those adopted pursuant to Article 2.5 (commencing with Section 56333) of Chapter 4.

(e) Unless handicapped within the meaning of subdivisions (a) to (d), inclusive, pupils whose educational needs are due primarily to unfamiliarity with the English language; temporary physical disabilities; social maladjustment; or environmental, cultural, or economic factors are not individuals with exceptional needs.

(f) This section shall become operative on the date that California terminates its participation in special education programs for individuals with exceptional needs between the ages of three and five years, pursuant to Section 56448.

Makes section effective upon termination of program.

SEC. 6. Section 56221 of the Education Code is amended to read:

56221. (a) Each entity providing special education under this part shall adopt policies for the programs and services it operates, consistent with agreements adopted pursuant to subdivision (b) or (c) of Section 56170, or Section 56220. The policies need not be submitted to the superintendent.

(b) The policies shall include, but not be limited to, all of the following:

(1) Nonpublic, nonsectarian services, including those provided pursuant to Sections 56365 and 56366.

(2) Review, at a regular education or special education teacher's request, of the assignment of an individual with exceptional needs to his or her class and a mandatory meeting of the individualized education program team if the review indicates a change in the pupil's placement, instruction, related services, or any combination thereof. The procedures shall indicate which personnel are responsible for the reviews and a timetable for completion of the review.

(3) Procedural safeguards pursuant to Chapter 5 (commencing with Section 56500).

(4) Resource specialists pursuant to Section 56362.

(5) Transportation, where appropriate, which describes how special education transportation is coordinated with regular home-to-school transportation. The policy shall set forth criteria for meeting the transportation needs of special education pupils.

(6) Caseloads pursuant to Chapter 4.45 (commencing with Section 56440) of Part 30. The policies, with respect to caseloads, shall not be developed until guidelines or proposed regulations are issued pursuant to Section 56441.7. The guidelines or proposed regulations shall be considered when developing the caseload policy. A statement of justification shall be attached if the local caseload policy exceeds state guidelines or proposed regulations.

Develop SELPA policy on caseload after state guidelines or proposed regulations are issued.

(c) The policies may include, but are not limited to, provisions for involvement of district and county governing board members in any due process hearing procedure activities conducted pursuant to, and consistent with, state and federal law.

SEC. 6.5. Chapter 4.45 (commencing with Section 56440) is

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added to Part 30 of the Education Code, to read:

CHAPTER 4.45. SPECIAL EDUCATION PROGRAMS FOR INDIVIDUALS WITH EXCEPTIONAL NEEDS BETWEEN THE AGES OF THREE AND FIVE YEARS, INCLUSIVE

56440. (a) Each special education local plan area shall submit a plan to the superintendent by September 1, 1987, for providing special education and services to individuals with exceptional needs, as defined by the State Board of Education, who are between the ages of three and five years, inclusive, who do not require intensive special education and services but who would be eligible for special education and services under Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 U.S.C. Secs. 1411, 1412, 1413, and 1419).

Local Plan

(b) The superintendent shall provide for a four-year phase-in of the individuals with exceptional needs qualifying for special education and services under Public Law 99-457, who do not require intensive special education and services, through an application process to be developed by the superintendent.

Four year phase-in

(c) All individuals with exceptional needs between the ages of three and five years, inclusive, identified in subdivision (a) shall be served by the districts and county offices within each special education local plan area by June 30, 1991, to the extent required under federal law and pursuant to the local plan and application approved by the superintendent.

Mandate by June 30, 1991

(d) Individuals with exceptional needs between the ages of three and five years, inclusive, who are identified by the district, special education local plan area, or county office as requiring intensive special education and services, as defined by the State Board of Education, shall be eligible for special education and services pursuant to this part and shall not be subject to any phase-in plan.

No phase-in for preschoolers requiring intensive special education

(e) In special education local plan areas where individuals with exceptional needs between the ages of three and five, inclusive, who do not require intensive special education and services, are expected to have an increased demand on school facilities as a result of projected growth, pursuant to this chapter, the special education local plan area director shall submit a written report on the impacted local educational agencies to the State Allocation Board by December 1, 1987. The State Allocation Board shall assess the situation and explore ways of resolving the school facilities impaction situation.

SELPAs to report impact on facilities

(f) The superintendent shall provide technical assistance to local educational agencies in order to help identify suitable alternative instructional settings to alleviate the school facilities impact situation. Alternative instructional settings may include, but are not limited to, state preschool programs, or the child's home. Nothing in this chapter shall cause the displacement of children currently enrolled

State technical assistance on alternative instructional settings

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in these settings.

56441. The Legislature hereby finds and declares that early education programs for individuals with exceptional needs between the ages of three and five years, inclusive, which provide special education and related services within the typical environment appropriate for young children, and include active parent involvement, may:

Legislative findings

(a) Significantly reduce the potential impact of any handicapping conditions.

(b) Produce substantial gains in physical development, cognitive development, language and speech development, psychosocial development, and self-help skills development.

(c) Help prevent the development of secondary handicapping conditions.

(d) Reduce family stresses.

(e) Reduce societal dependency and institutionalization.

(f) Reduce the need for special class placement in special education programs once the children reach school age.

(g) Save substantial costs to society and our schools.

56441.1. (a) Services rendered by state and local agencies serving preschool children with exceptional needs and their families shall be provided in coordination with other state and local agencies. Educational agencies offering similar educational services shall coordinate and not duplicate these services. The Superintendent of Public Instruction shall identify similar services by other state and local agencies. Any child identified as currently being served and qualified as an individual with exceptional needs as defined in Section 56026, and who meets the eligibility criteria of Section 56441.11 shall be counted as an individual under the funding cap prescribed by Section 56447.

Coordination with other agencies to avoid duplication

(b) As the preschool child approaches the age to enter an elementary school environment, the child's preparation shall be geared toward a readiness for kindergarten and later school success.

Readiness for kindergarten

56441.2. An early education program for individuals with exceptional needs between the ages of three and five, inclusive, shall include specially designed services to meet the unique needs of preschool children and their families. To meet this purpose, the program focus is on the young child and his or her family and shall include both individual and small group services which shall be available in a variety of typical age-appropriate environments for young children, including the home, and shall include opportunities for active parent involvement.

Definition of preschool early education services

56441.3. (a) Early education services for preschool children may be provided to individuals or small groups and shall include:

Individual or small group services

(1) Observing and monitoring the child's behavior and development in his or her environment.

Observation

(2) Presenting activities that are developmentally appropriate for the preschool child and are specially designed, based on the child's

Developmentally appropriate activities

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exceptional needs, to enhance the child's development. Those activities shall be developed to conform with the child's individualized education program and shall be developed so that they do not conflict with his or her medical needs.

(3) Interacting and consulting with the family members, regular preschool teachers, and other service providers, as needed, to demonstrate developmentally appropriate activities necessary to implement the child's individualized education program in the appropriate setting pursuant to Section 56441.4 and necessary to reinforce the expansion of his or her skills in order to promote the child's educational development. These interactions and consultations may include family involvement activities.

Consultation services

(4) Assisting parents to seek and coordinate other services in their community that may be provided to their child by various agencies.

Assistance to parents

(5) Providing opportunities for young children to participate in play and exploration activities, to develop self-esteem, and to develop preacademic skills.

Play and exploration activities

(6) Providing access to various developmentally appropriate equipment and specialized materials.

Developmentally appropriate equipment

(7) Providing related services as defined in Section 300.13 of Title 34 of the Code of Federal Regulations, that include parent counseling and training to help parents understand the special needs of their children and their children's development, as that section read on May 1, 1987.

Related services

(b) The duration of group services shall not exceed four hours per day unless determined otherwise by the individualized education program team.

Group services not to exceed four(4) hours

56441.4. Appropriate settings for these services include:

Appropriate settings

(a) The regular public or private nonsectarian preschool program.

(b) The child development center or family day care home.

(c) The child's regular environment, which may include the home.

(d) A special site where preschool programs for both handicapped and nonhandicapped children are located close to each other and have an opportunity to share resources and programming.

(e) A special education preschool program with nonhandicapped children attending and participating for all or part of the program.

(f) A public school setting which provides an age-appropriate environment, materials, and services, as defined by the superintendent.

56441.5. Appropriate instructional adult-to-child ratios for group services shall be dependent on the needs of the child, however, because of the unique needs of individuals with exceptional needs between the ages of three and five years, inclusive, who require special education and related services, the number of children per instructional adult shall be less than ratios set forth in subdivision (b) of Section 18204 of Title 5 of the California Administrative Code as

Instructional adult-to-child ratios one(1) to six(6)

it read on May 1, 1987, for young children in a regular preschool program. Group services provided to individuals with exceptional needs between the ages of three and five years, inclusive, identified as severely handicapped pursuant to Section 56030.5 shall not exceed an instructional adult-to-child ratio of one to five.

One(1) to five(5) for severely handicapped

56441.6. Early education services for preschool children shall be provided through a transdisciplinary team approach of professionals as described in Section 56426.6. Responsibilities of early education program staff shall include consultation with regular preschool program providers, consultation with other specialists, assessment services, and direct services.

Transdisciplinary team

56441.7. (a) The maximum caseload for a speech and language specialist providing services exclusively to individuals with exceptional needs, between the ages of three and five years, inclusive, as defined in Section 56441.11 or 56026, shall not exceed a count of 40.

Maximum caseload of forty(40)

(b) The superintendent shall issue caseload guidelines or proposed regulations to local educational agencies for individuals with exceptional needs between the ages of three and five years, inclusive, by January 1, 1988.

State to develop caseload guidelines or proposed regulations

56441.8. Early education services for preschoolers may be provided by any of the following methods:

Methods to provide preschool early education services

(a) Directly by a local educational agency.

(b) Through an interagency agreement between a local educational agency and another public agency.

(c) Through a contract with another public agency pursuant to Section 56369.

(d) Through a contract with a certified nonpublic, nonsectarian school; or nonpublic, nonprofit agency pursuant to Section 56366.

(e) Through a contract with a nonsectarian hospital in accordance with Section 56361.5.

56441.9. Contracts or agreements with agencies identified in Section 56441.8 are strongly encouraged when these services are currently provided by another agency, and when found to be a cost-effective means of providing the services. The placement of an individual preschool child under any of these contracts shall not require specific approval by the governing board of the school district or the county superintendent of schools.

Contracts with existing programs are encouraged

Individual placements do not require local board approval

56441.10. Early education services for preschoolers provided under this chapter shall not be funded pursuant to any of Sections 56740 to 56743, inclusive, unless a waiver of this section is approved by the superintendent.

No nonpublic school funding without waiver

56441.11. Individuals with exceptional needs between the ages of three and five years, inclusive, shall meet the requirements of Section 56026 or shall satisfy all of the following:

Definition of preschool individual with exceptional needs

(a) They shall be identified by an individualized education program team as a handicapped child as that term was defined in subsection (1) of Section 1401 of Title 20 of the United States Code

Meets federal definition of handicapped

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as it read July 1, 1980.

(b) Their impairment, as described by subdivision (a), requires instruction or services, or both, which cannot be provided with modification of a regular preschool program or of a child's home environment, or both.

Cannot be served with modification of the regular preschool program or home

(c) They shall fall within one of the following:

(1) They meet eligibility criteria set forth in subdivisions (a) and (b), paragraphs (2) and (3) of subdivision (c), and subdivisions (d) to (i), inclusive, of Section 3030 of Title 5 of the California Administrative Code as it read on May 1, 1987.

Meet CAC, Title 5, Section 3030 requirements

(2) They have a disorder in one or more basic psychological processes involved in understanding or using language as defined in paragraph (1) of subdivision (j) of Section 3030 of Title 5 of the California Administrative Code as it read on May 1, 1987, which may manifest itself in an impaired ability to listen, think, speak, or develop preacademic skills. They have a discrepancy of at least 25 percent between their cognitive development and their development in one or more of the following areas: gross or fine motor, receptive language, expressive language, and school readiness. School readiness includes those skills that lead to the ability to read, write, spell, do mathematical calculations, and understand or use spoken language. The decision as to whether or not a discrepancy exists shall be made by the individualized education program team.

Learning disability

(3) They have an articulation disorder displaying reduced intelligibility or an inability to use the speech mechanism that significantly interferes with communication and attracts adverse attention. Significant interference occurs when the child's developmental scale of articulation competency is six months or more below that expected for his or her chronological age or developmental level.

Articulation disorder

(4) They have a language disorder that results in a significant delay in their language development. A significant delay occurs when one area of the child's language development is at least 25 percent below his or her chronological age or developmental level. Areas of language development include receptive and expressive language in the areas of phonology, morphology, syntax, semantics, and pragmatics.

Language disorder

(d) Unless handicapped within the meaning of subdivisions (a) to (c), inclusive, children whose educational needs are due primarily to unfamiliarity with the English language; temporary physical disabilities; social maladjustment; or maturational, environmental, cultural, or economic factors are not individuals with exceptional needs.

Not handicapped

(e) When standardized tests are considered invalid for children ages three and five years, inclusive, alternative means, such as scales, instruments, observations, and interviews shall be used as specified in the assessment plan.

Alternative means of assessment

56441.12. By June 30, 1989, the superintendent shall evaluate the effectiveness of Section 56441.11 for identification of preschool children with exceptional needs and recommend legislative changes as needed.

Evaluate eligibility criteria

56441.13. The superintendent shall provide training and technical assistance for the implementation of early education programs for preschool children with exceptional needs, and shall develop:

Technical assistance

(a) Methods and models for modifications to the regular program prior to referral.

(b) Guidelines for program providers.

(c) Curriculum and content for programs.

(d) Personnel standards for program providers.

(e) A plan to meet the unique needs of preschool children who require special education services and who are limited-English proficient and of diverse cultural backgrounds.

State development responsibilities

56441.14. Criteria and options for meeting the special education transportation needs of individuals with exceptional needs between the ages of three and five, inclusive, shall be included in the local transportation policy required pursuant to paragraph (5) of subdivision (b) of Section 56221.

Local transportation policy

56442. The superintendent shall ensure that state preschool programs and programs for individuals with exceptional needs between the ages of three and five years, inclusive, provided pursuant to this part, are coordinated at the state and local levels.

Coordination with state preschool

56443. (a) The State Department of Education shall amend its interagency agreement with the Administration for Children, Youth, and Families, Region IX, Head Start, United States Department of Health and Human Services, to permit a district, special education local plan area, or county office to contract with a Head Start program for special education and services for individuals with exceptional needs between the ages of three and five years pursuant to this part.

Amend Head Start interagency agreement

(b) Apportionments allocated to Head Start programs for special education and services to individuals with exceptional needs between the ages of three and five years shall supplement and not supplant funds for which the Head Start programs are eligible, or are already receiving, from other funding sources.

Funding not to supplant Head Start funds

56444. As part of the annual evaluation of special education programs pursuant to Section 56602, the superintendent shall conduct an evaluation of the effectiveness of the expanded preschool programs for individuals with exceptional needs between the ages of three and five years, inclusive, who do not require intensive special education and services. The evaluation shall be conducted over a five-year period, from the 1987–88 school year through the 1991–92 school year. The evaluation shall contain, but not be limited to, data on numbers and types of pupils who do not enter special education programs at kindergarten, or first grade as the case may be, but who

Evaluation of the effectiveness of the expanded preschool programs

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received special education and services pursuant to this part, in a preschool program.

Assessment prior to transitioning

56445. (a) Prior to transitioning an individual with exceptional needs from a preschool program to kindergarten, or first grade as the case may be, an appropriate reassessment of the individual shall be conducted pursuant to Article 2 (commencing with Section 56320) of Chapter 4 to determine if the individual is still in need of special education and services.

Intent not to lose gain

(b) It is the intent of the Legislature that gains made in the special education program for individuals who received special education and services, in accordance with this chapter, are not lost by too rapid a removal of individualized programs and supports for these individuals.

Monitoring

(c) As part of the transitioning process, a means of monitoring continued success of the child shall be identified by the individualized education program team for those children of kindergarten or first grade equivalency who are determined to be eligible for less intensive special education programs.

Information to regular education teacher

(d) As part of the exit process from special education, the present performance levels and learning style shall be noted by the individualized education program team. This information shall be made available to the assigned regular education teacher upon the child's enrollment in kindergarten or first grade as the case may be.

Funding formula

56446. (a) The superintendent shall develop a funding formula for the distribution of federal funds under Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 U.S.C. Secs. 1411, 1412, 1413, and 1419) to local providers. The funding formula shall be developed in consultation with the Legislative Analyst and the Director of Finance. The funding formula shall include a provision to address planning and development, program startup costs, including asessments and equipment, staff development, rental or leasing of facilities, and transportation. The funding formula shall also allow federal incentive funds generated under Title II of Public Law 99-457 to be carried over by the local educational agencies from year to year during the phase-in fiscal years of 1987–88 to 1990–91, inclusive. Any carry over funds shall be reported to the superintendent. The federal incentive funds for this program received for individuals with exceptional needs between the ages of three and five years, inclusive, who are not identified as having intensive needs, shall not be included for purposes of subdivision (a) of Section 56712, including additional funds received for these children under Public Law 94-142 (20 U.S.C. Secs. 1232, 1401, 1405, 1406, 1411–1420, incl., and 1453). These individuals shall not be included in the enrollment counts or computations prescribed by Section 56728.6.

Annual report to Joint Legislative Budget Committee and the Department of Finance

(b) The superintendent shall report to the Joint Legislative Budget Committee and the Department of Finance annually on or before October 15 on the implementation of Title II of the Education

of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 U.S.C. Secs. 1411, 1412, 1413 and 1419). The report shall include, but not be limited to, the status of the phase-in plan, number of children being served, projected number of children to be served in the next school year, and anticipated federal funding for the next school year. This subdivision shall remain operative only until January 1, 1992, unless a later enacted statute, which is chartered on or before January 1, 1992, deletes or extends that date.

(c) Public special education funding shall not be used to purchase regular preschool services or to purchase any instructional service other than special education and services permitted by this chapter.

Purchase of regular preschool services

56447. (a) The superintendent shall adopt rules and regulations to ensure that apportionments, inclusive of federal funds, for all individuals with exceptional needs between the ages of three and five years, inclusive, shall be paid to the extent permitted by federal law for no more than 3 percent of the statewide population of all children between the ages of three and five years, inclusive, as determined in the demographics prepared by the Department of Finance in the 1990-91 fiscal year.

Three(3) percent funding level statewide

(b) Individuals with exceptional needs served under this chapter shall not be subject to subdivision (a) of Section 56760. However, individuals with intensive needs and appropriate instructional personnel service units required to provide educational services to individuals with exceptional needs shall be included in the computations prescribed in Section 56728.6.

Preschoolers included for growth but not for the ten(10) percent funding level

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56447.1. (a) Nothing in this chapter shall be construed to limit the responsibility of noneducational public agencies in the State of California from providing or paying for some or all of the costs of a free appropriate public education for individuals with exceptional needs between the ages of three and five years, inclusive.

Responsibility of noneducational public agencies

(b) Nothing in this chapter shall be construed to permit a noneducational public agency to reduce medical and other assistance available or to alter eligibility under Titles V and XIX of the Social Security Act (Subchapter V (commencing with Section 701) and Subchapter XIX (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code) with respect to the provision of a free appropriate public education for individuals with exceptional needs between the ages of three and five years, inclusive, within the State of California.

56448. If the federal government fails to fund the authorized level of Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 U.S.C. Secs. 1411, 1412, 1413, and 1419) during the federal fiscal year of 1988, or any fiscal year thereafter, California shall terminate its participation in this program.

Terminate participation in federal program

56449. This chapter shall remain in effect only until California terminates its participation in special education programs for individuals with exceptional needs between the ages of three and

Effective only while participating in the program

five years, pursuant to Section 56448, and as of that date is repealed.

Written termination notice.

SEC. 7. Within 30 days of the termination of California's participation in special education programs for individuals with exceptional needs between the ages of three and five years, pursuant to Section 56448 of the Education Code, the Superintendent of Public Instruction shall transmit a written notice certifying this fact to the Legislature and to the Secretary of State.

Funding determined in Budget Act

SEC. 8. For the 1987–88 fiscal year, funds shall be allocated from the money received under Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 U.S.C. Secs. 1411, 1412, 1413, and 1419) appropriated by Item 6100-161-890 of Section 2.00 of the Budget Act of 1987, for local assistance, payable from the Federal Trust Fund, Program 10.60.050.030-Special Education Programs for Exceptional Children, to cover the first year of implementation of this act. For the 1988–89 fiscal year and each fiscal year thereafter, funding shall be determined annually in the Budget Act.

State Mandates Claims Fund

SEC. 9. Notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed five hundred thousand dollars ($500,000), reimbursement shall be made from the State Mandates Claims Fund.

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Urgency act

SEC. 10. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to permit California to receive federal funding in July 1987 under the new handicapped preschool grants program for the 1987–88 school year authorized under Title II of the Education of the Handicapped Act Amendments of 1986, Public Law 99-457 (20 U.S.C. Secs. 1411, 1412, 1413, and 1419), it is necessary for this act to take effect immediately.

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56441.6 Early education services for preschool children shall be provided through a transdisciplinary team approach of professionals as described in Section 56426.6. Responsibilities of early education program staff shall include consultation with regular preschool program providers, consultation with other specialists, assessment services, and direct services.

56426.6 (a) Early education services shall be provided by the district, special education local plan area, or county office through a transdisciplinary team consisting of a group of professionals from various disciplines and parents who shall share their expertise and otherwise work together to provide these services for infants and their families. Each team member shall be responsible for providing and coordinating early education services for one or more infants and their families, and shall serve as a consultant to other team members and as a provider of appropriate related services to other infants in the program.

(b) Credentialed personnel with expertise in vision or hearing impairments shall be made available by the district, special education local plan area, or county offices to early education programs serving infants identified in accordance with subdivision (a), (b), or (d) of Section 3030 of Title 5 of the California Administrative Code, and shall be the primary providers of services under those programs whenever possible.

(c) Transdisciplinary teams may include, but need not be limited to, qualified persons from the following disciplines:

(1) Early childhood special education.

(2) Speech and language therapy.

(3) Nursing, with a skill level not less than that of a registered nurse.

(4) Social work, psychology, or mental health.

(d) School districts, special education local plan areas, and county offices may include, as part of the transdisciplinary team, occupational therapist and physical therapist consultants who provide professional consultation to early education program personnel. Those consultation services may include, but are not limited to, the following:

(1) Positioning, feeding, and the neurological system and its impact on learning.

(2) Adaptive equipment.

(3) Possible limitations in movement, strength, and endurance.

(4) Appropriate handling techniques.

This subdivision shall not be construed to permit occupational therapist and physical therapist consultants to provide direct therapy services to infants, except in accordance with the provisions of Chapter 26 (commencing with section 7570) of Division 7 of Title 1 of the Government Code and regulations implementing that chapter.

(e) Any person who is authorized by the district, special education local plan area, or county office to provide early education or related services to infants shall have appropriate experience in normal and atypical infant development and an understanding of the unique needs of families of infants with exceptional needs, or, absent that experience and understanding, shall undergo a comprehensive training plan for that purpose, which plan shall be developed and implemented as part of the staff development component of the local plan for early education services.

Article 3.1. Individuals with Exceptional Needs

3030. Eligibility Criteria.

A pupil shall qualify as an individual with exceptional needs, pursuant to Section 56026 of the Education Code, if the results of the assessment as required by Section 56320 demonstrate that the degree of the pupil's impairment as described in Section 3030 (a through j) requires special education and related services which cannot be provided with modification of the regular school program. The specific processes and procedures for implementation of these criteria shall be developed by each Special Education Local Plan Area and included in the local plan pursuant to Section 56220(a) of the Education Code.

(a) A pupil has a hearing impairment, whether permanent or fluctuating, which impairs the processing of linguistic information through hearing, even with amplification, and which adversely affects educational performance. Processing linguistic information includes speech reception and speech discrimination.

(b) A pupil has concomitant hearing and visual impairments, the combination of which causes severe communication, developmental and educational problems.

(c) A pupil has a language or speech disorder as defined in Section 56333 of the Education Code, and it is determined that the pupil's disorder meets one or more of the following criteria:

(1) Articulation disorder.

(A) The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference occurs when the pupil's production of multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level.

(B). A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

(2) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

(3) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression including rate and rhythm adversely affects communication between the pupil and listener.

(4) Language Disorder. The pupil has a language disorder when he or she meets both of the following criteria:

(A) Using more than one assessment procedure, the pupil scores at least 1.5 standard deviations below the mean, or below the 7th percentile, for his or her chronological age or developmental level on tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified on the assessment plan, and

(B) The pupil displays inappropriate or inadequate usage of expressive language as measured on a representative spontaneous language sample of a minimum of fifty utterances.

(d) A pupil has a visual impairment which, even with correction, adversely affects a pupil's educational performance.

(e) A pupil has a severe orthopedic impairment which adversely affects the pupil's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes.

(f) A pupil has limited strength, vitality or alertness, due to chronic or acute health problems which adversely affect a pupil's educational performance. In accordance with Section 56026(e) of the Education Code, such physical disabilities shall not be temporary in nature as defined in Section 3001(x).

(g) A pupil exhibits any combination of the following autistic-like behaviors, to include but not limited to:

(1) An inability to use oral language for appropriate communication.

(2) A history of extreme withdrawal or relating to people inappropriately and continued impairment in social interaction from infancy through early childhood.

(3) An obsession to maintain sameness.

(4) Extreme preoccupation with objects or inappropriate use of objects or both.

(5) Extreme resistance to controls.

(6) Displays peculiar motoric mannerisms and motility patterns.

(7) Self-stimulating, ritualistic behavior.

(h) A pupil has significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affect a pupil's educational performance.

(i) Because of a serious emotional disturbance, a pupil exhibits one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance:

(1) An inability to learn which cannot be explained by intellectual, sensory, or health factors.

(2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.

(4) A general pervasive mood of unhappiness or depression.

(5) A tendency to develop physical symptoms or fears associated with personal or school problems.

(j) A pupil has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations, and has a severe discrepancy between intellectual ability and achievement in one or more of the academic areas specified in Section 56337(a) of the Education Code. For the purpose of Section 3030(j):

(1) Basic psychological processes include attention, visual processing, auditory processing, sensory-motor skills, cognitive abilities including association, conceptualization and expression.

(2) Intellectual ability includes both acquired learning and learning potential and shall be determined by a systematic assessment of intellectual functioning.

(3) The level of achievement includes the pupil's level of competence in materials and subject matter explicitly taught in school and shall be measured by standardized achievement tests.

(4) The decision as to whether or not a severe discrepancy exists shall be made by the individualized education program team, including assessment personnel in accordance with Section 56341(d), which takes into account all relevant material which is available on the pupil. No single score or product of scores, test or procedure shall be used as the sole criterion for the decisions of the individualized education program team as to the pupil's eligibility for special education. In determining the existence of a severe discrepancy, the individualized education program team shall use the following procedures:

(A) When standardized tests are considered to be valid for a specific pupil, a severe discrepancy is demonstrated by: first, coverting into common standard scores, using a mean of 100 and standard deviation of 15, the achievement test score and the ability test score to be compared; second, computing the difference between these common standard scores; and third, comparing this computed difference to the standard criterion which is the product of 1.5 multiplied by the standard deviation of the distribution of computed differences of students taking these achievement and ability tests. A computed difference which equals or exceeds this standard criterion, adjusted by one standard error of measurement, the adjustment not to exceed 4 common standard score points, indicates a severe discrepancy when such discrepancy is corroborated by other assessment data which may include other tests, scales, instruments, observations and work samples, as appropriate.

(B) When standardized tests are considred to be invalid for a specific pupil, the discrepancy shall be measured by alternative means as specified on the assessment plan.

(c) If the standardized tests do not reveal a severe discrepancy as defined in subparagraphs (A) or (B) above, the individualized education program team may find that a severe discrepancy does exist, provided that the team documents in a written report that the severe discrepancy between ability and achievement exists as a result of a disorder in one or more of the basic psychological processes. The report shall include a statement of the area, the degree, and the basis and method used in determining the discrepancy. The report shall contain information considered by the team which shall include, but not be limited to:

1. Data obtained from standardized assessment instruments;
2. Information provided by the parent;
3. Information provided by the pupil's present teacher;
4. Evidence of the pupil's performance in the regular and/or special education classroom obtained from observations, work samples, and group test scores;
5. Consideration of the pupil's age, particularly for young children; and
6. Any additional relevant information.

(5) The discrepancy shall not be primarily the result of limited school experience or poor school attendance.

NOTE: Authority cited: 20 U.S.C. 1412 (2) (c); Statutes of 1981, Chapter 1094, Section 25 (a); and Section 56100 (a), (g), (i), Education Code. Reference: 20 USC 1401 (a) (2) and (15) and 1412 (5); 34 CFR 300.5 (b) (9), 300.532 (a) (2), (d) and (e), 300.533, 300.540, 300.541-43; and Sections 56026, 56320, 56321, 56323, 56337 and 56040, Education Code.

HISTORY:

1. New Article 3.1 (Sections 3030 and 3031) filed 1-31-83; effective thirtieth day thereafter (Register 83, No. 6).
2. Amendment filed 2-11-86; effective thirtieth day thereafter (Register 86, No. 7).

3031. Additional Eligibility Criteria for Individuals with Exceptional Needs Age Birth to Four Years and Nine Months.

(a) A child, age birth to four years and nine months, shall qualify as an individual with exceptional needs pursuant to Education Code Section 56026 (c) (1) and (2) if the Individualized Education Program Team determines that the child meets the following criteria:

(1) Is identified as an individual with exceptional needs pursuant to Section 3030, and

(2) Is identified as requiring intensive special education and services by meeting one of the following:

(A) The child is functioning at or below 50% of his or her chronological age level in any one of the following skill areas:

1. gross or fine motor development;
2. receptive or expressive language development;
3. social or emotional development; and
4. cognitive development.

(B) The child is functioning between 51% and 75% of his or her chronological age level in any two of the skill areas identified in Section 3031 (2) (A).

(C) The child has a disabling medical condition or congenital syndrome which the Individualized Education Program Team determines has a high predictability of requiring intensive special education and services.

(b) Programs for individuals with exceptional needs younger than three years of age are permissive in accordance with Section 56001 (c) of the Education Code except for those programs mandated pursuant to Section 56425 of the Education Code.

NOTE: Authority cited: Statutes of 1981, Chapter 1094, Section 25 (a); and Section 56100 (a), (g), (i), Education Code. Reference: 20 USC 1401 (*l*) (15); 34 CFR 300.5; Statutes of 1981, Chapter 1094, Section 25 (a); and Sections 56026, 56030.5, 56333, 56337 and 56040, Education Code.

Article 2.5. Eligibility Criteria for Special Education and Related Services on the Basis of Language and Speech Disorder or Specific Learning Disabilities

- ELIGIBILITY CRITERIA

56333. A pupil shall be assessed as having a language or speech disorder which makes him or her eligible for special education and related services when he or she demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his or her educational performance and cannot be corrected without special education and related services. In order to be eligible for special education and related services, difficulty in understanding or using spoken language shall be assessed by a language, speech, and hearing specialist who determines that such difficulty results from any of the following disorders:

- Language/Speech Disorder Eligibility Criteria

(a) Articulation disorders, such that the pupil's production of speech significantly interferes with communication and attracts adverse attention.

(b) Abnormal voice, characterized by persistent, defective voice quality, pitch, or loudness. An appropriate medical examination shall be conducted, where appropriate.

(c) Fluency difficulties which result in an abnormal flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and listener.

(d) Inappropriate or inadequate acquisition, comprehension, or expression of spoken language such that the pupil's language performance level is found to be significantly below the language performance level of his or her peers.

(e) Hearing loss which results in a language or speech disorder and significantly affects educational performance.

56337. A pupil shall be assessed as having a specific learning disability which makes him or her eligible for special education and related services when it is determined that all of the following exist:

- Specific Learning Disability Eligibility Criteria

(a) A severe discrepancy exists between the intellectual ability and achievements in one or more of the following academic areas:

(1) Oral expression.
(2) Listening comprehension.
(3) Written expression.
(4) Basic reading skills.
(5) Reading comprehension.

(6) Mathematics calculation.
(7) Mathematics reasoning.

(b) The discrepancy is due to a disorder in one or more of the basic psychological processes and is not the result of environmental, cultural, or economic disadvantages.

(c) The discrepancy cannot be corrected through other regular or categorical services offered within the regular instructional program.

56338. As used in Section 56337, "specific learning disability" includes, but is not limited to, disability within the function of vision which results in visual perceptual or visual motor dysfunction.

- Visual Perceptual/Visual Motor Dysfunction

EDUCATION OF THE HANDICAPPED ACT

Title 20 of the United States Code

Section 1401 (1) The term "handicapped children" means mentally retarded, hard of hearing, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities, who by reason thereof require special education and related services.

Title 34 of the Code of Federal Regulations, Part 300

Reg. 300.5 Handicapped children.

(a) As used in this part, the term "handicapped children" means those children evaluated in accordance with Regs. 300.530-300.534 as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or as having specific learning disabilities, who because of those impairments need special education and related services.

(b) The terms used in this definition are defined as follows:

(1) "Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

(2) "Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

(3) "Hard of Hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.

(4) "Mentally retarded" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

(5) "Multihandicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

(6) "Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

(7) "Other health impaired" means

(i) having an autistic condition which is manifested by severe communication and other developmental and educational problems: or

(ii) having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.

(8) "Seriously emotionally disturbed" is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

(A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

(C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

(9) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

(10) "Speech impaired" means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

(11) "Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

(20 U.S.C. 1401(1),(15))

[Subparagraph (b)(9) amended in 42 Fed. Reg. 65083 (Dec. 29, 1977).]

[Subparagraphs (b)(7) and (b)(8) amended in 46 Fed. Reg. 3865 (Jan. 16, 1981).]

EDUCATION OF THE HANDICAPPED ACT

Title 34 of the Code of Federal Regulations, Part 300

Definition of Related Services

Reg..300.13 Related services.

(a) As used in this part, the term "related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training

(b) The terms used in this definition are defined as follows:

(1) "Audiology" includes:

(i) Identification of children with hearing loss;

(ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other profes sional attention for the habilitation of hearing;

(iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lipreading), hearing evaluation, and speech conservation;

(iv) Creation and administration of programs for prevention of hearing loss;

(v) Counseling and guidance of pupils, parents, and teachers regarding hearing loss; and

(vi) Determination of the child's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

(2) "Counseling services" means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

(3) "Early identification" means the implementation of a formal plan for identifying a disability as early as possible in a child's life.

(4) "Medical services" means services provided by a licensed physician to determine a child's medically related handicapping condition which results in the child's need for special education and related services.

(5) "Occupational therapy" includes:

(i) Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation;

(ii) Improving ability to perform tasks for independent functioning when functions are impaired or lost; and

(iii) Preventing, through early intervention, initial or further impairment or loss of function.

(6) "Parent counseling and training" means assisting parents in understanding the special needs of their child and providing parents with information about child development.

(7) "Physical therapy" means services provided by a qualified physical therapist.

(8) "Psychological services" include:

(i) Administering psychological and educational tests, and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior and conditions relating to learning.

(iv) Consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews, and behavioral evaluations; and

(v) Planning and managing a program of psychological services, including psychological counseling for children and parents.

(9) "Recreation" includes:

(i) Assessment of leisure function;

(ii) Therapeutic recreation services;

(iii) Recreation programs in schools and community agencies; and

(iv) Leisure education.

(10) "School health services" means services provided by a qualified school nurse or other qualified person.

(11) "Social work services in schools" include:

(i) Preparing a social or developmental history on a handicapped child;

(ii) Group and individual counseling with the child and family;

(iii) Working with those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school; and

(iv) Mobilizing school and community resources to enable the child to receive maximum benefit from his or her educational program.

(12) "Speech pathology" includes:

(i) Identification of children with speech or language disorders;

(ii) Diagnosis and appraisal of specific speech or language disorders;

(iii) Referral for medical or other professional attention necessary for the habilitation of speech or language disorders;

(iv) Provisions of speech and language services for the habilitation or prevention of communicative disorders; and

(v) Counseling and guidance of parents, children, and teachers regarding speech and language disorders.

(13) "Transportation" includes:

(i) Travel to and from school and between schools,

(ii) Travel in and around school buildings, and

(iii) Specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a handicapped child.

Key Concepts - A.B. 2666

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Who is served?

A.B. 2666 Applies to All Preschoolers with Exceptional Needs - Preschoolers with exceptional needs are those children three through five years of age, inclusive, who have an identified handicapping condition that requires special education and services which cannot be met by modification of the regular program (regular preschool or home environment) and whose needs are not due to maturational, environmental, cultural or economic factors, unfamiliarity with the English language, temporary physical disabilities or social maladjustment.

In addition, a preschool child (between the ages of three through five years, inclusive) is determined to be an individual with exceptional needs when the following criteria apply: 1) they meet the requirements of Education Code, Section 56441.11 (which includes modification of the speech and language and learning disabilities criteria to apply to preschoolers) or 2) they meet the criteria in California Administrative Code, Title 5, Section 3030 and Section 3031 which define a preschooler who needs intensive special education and services.

Phase In - Preschoolers with exceptional needs who require intensive special education and services (the group meeting eligibility criteria #2 above) are currently mandated to receive services and are not subject to any phase-in plan. The preschoolers with exceptional needs (who meet the eligibility criteria #1 above) will be part of California's four-year phase-in plan leading to full services for all preschoolers with exceptional needs by June 30, 1991.

Families - Families should be involved as equal partners in all aspects of services to preschoolers with exceptional needs, from initial identification and assessment, individualized education program development, educational programming through transition to another program.

Who provides services?

Transdisciplinary Team - The transdisciplinary team is a group of professionals and family members who work together to assess, plan and provide early education services to a young child and his/her family. Transdisciplinary team members train each other in their area of expertise and share the responsibility for assessment and implementation of a coordinated "whole child" approach to the educational program. Each professional is committed to incorporating the perspectives and techniques of other disciplines into their own area of expertise. In the transdisciplinary approach, team members are aware of each other's disciplines, yet areas of expertise remain in the discipline of training.

Because a young child's development is overlapping and interrelated, the transdisciplinary team model facilitates the "whole child" approach to service delivery. Professionals work in coordination to provide a total, unified program to the child and family, rather than fragmented therapies provided in isolation.

The transdisciplinary team approach is characterized by regularly scheduled team meetings, active family involvement in the educational process, and joint planning and carrying-out of assessment and program strategies.

Appropriate Qualified Staff - Staff should have training and experience in working with young children with exceptional needs and their families. Staff need to have knowledge of normal and atypical development, and skills in working with young children and their families. If staff do not have such knowledge and skills, staff development activities must be planned to meet individual and team needs. In addition, staff should have knowledge and skills in working with other disciplines as a team member and other agencies and programs to coordinate services.

What services are provided?

Early Education for Preschool Children - Once children are identified as individuals with exceptional needs, **all program options are available to meet the child's unique needs.**

Specially designed early education services may be provided to individuals or small groups of children, and include:

* Observing and monitoring the child's behavior and development in his or her environment.
* Providing developmentally and age appropriate activities.
* Interacting and consulting with the family members, regular preschool teachers and other service providers.
* Assisting parents in accessing and coordinating services provided by other agencies or programs in their community.
* Providing opportunities for play, building self esteem and development of preacademic skills.
* Providing access to developmentally appropriate equipment and specialized materials.
* Providing appropriate related services which include parent counseling and training to understand and meet their child's unique strengths and needs.

Family Involvement - Family involvement includes a variety of activities individualized to meet each family's unique needs in order to 1) assist families in understanding the importance of early education for the young child, 2) provide information on their child's strengths and needs, 3) provide support for the family in dealing with the unique needs of the child in relation to his/her family, and 4) assist families in accessing and coordinating services needed by the child and family. Family involvement activities can include: parent education, classroom participation, toys and materials workshops, parent to parent support, parent support groups, sibling support groups, assistance in accessing respite or child care services, lending libraries of toys, books, materials, etc., fund raising activities, social activities, community resource identification and access, family advocacy, parent newsletters, parent orientation to the program, development of parent leadership and a variety of other activities, identified as needs by program families.

Transition - As a child becomes ready to transition to another preschool program, to kindergarten, or to first grade, they must be reassessed to determine if they continue to need special education and services. As part of the transition process, the IEP team must identify a means of monitoring their progress in kindergarten or first grade. When children exit from special education, their present performance levels and learning styles must be noted and provided to their general education teacher, and support should be provided to the teacher so that the children's gains are not lost.

Where are children served?

State law requires that early education services be provided in an age appropriate setting. Such settings include:

* Regular public or private nonsectarian preschool programs.
* Child development centers or family day care homes.
* The child's regular environment, which may include the home.
* Special sites where preschool programs for both handicapped and nonhandicapped children are located close to each other and have an opportunity to share resources and programming.

* Special education preschool programs with nonhandicapped children attending and participating for all or part of the program.
* Public school settings which provide age-appropriate environments, materials, and services.

How are children served?

Least restrictive environment - The provision of special education services in the least restrictive environment, as required under Part B of the Education of the Handicapped Act, applies to preschool aged children with handicaps who have an IEP and are receiving a free appropriate public education under the provision of EHA-B. Generally, the use of facilities which are separate or otherwise solely devoted to children with handicaps is permissible only when necessary to meet an individual preschool child's specific needs. What is the least restrictive environment for preschoolers with exceptional needs? Because there are no "regular education" programs as we know them for the K-12 population, typical environments for young children are most often the home, child care setting or regular preschool program. Providing special education and services in these less restrictive settings may require modifications in service delivery to accomodate the unique needs of these young children, and their families within community settings.

Flexibility of Service Delivery - The number of days and hours per week that a child receives services are individualized to meet the child's unique needs. Some children may attend a group program five days a week, others may come only three days a week, while still others may receive special services in the regular preschool program or at home for an hour twice a week.

Duration of Group Services - Group services shall not exceed four hours per day, unless otherwise determined by the IEP team.

Ratios - Instructional adult to child ratios for children served in group settings shall be one to six or less depending on the individual needs of the child. For children who are severely handicapped, the instructional adult to child ratio shall not exceed one to five.

A Variety of Service Delivery Models to Promote Integration - The following are descriptions of programmatic arrangements that can be used to provide age appropriate environments and to facilitate the integration of handicapped and non-handicapped preschoolers.

Co-located Programs - In this arrangement a classroom of special education students is located on the same site as a regular preschool program. Either the special class can be located at a site where there are multiple preschool classes or a regular preschool class can be located at a site with multiple special education classes, one or more of which may be a preschool special education class. This arrangement provides for an entire continuum of integration opportunities. A child can spend most of the day in the regular class and receive support services, or a child can interact with non-handicapped children only during outside play times. These arrangements can be flexible and adjusted by cooperating teachers to meet the needs of individual children.

Reverse Mainstreaming - This is an arrangement where non-handicapped children are integrated into a special class. This kind of an arrangement is possible through the co-located programs above, but may also be done in a variety of other ways, as well. Age appropriate siblings, neighbors, or children of staff can be included for part or all of the special class day.

Dual Enrollment - This is a commonly used integration option. In this arrangement, a child attends a special class part of the time and a regular preschool part of the time. Dual enrollment can be done on an AM/PM basis, where the child attends one program in the morning and one program in the afternoon, or it can be done on a three day/two day basis. Generally, programs prefer an AM/PM arrangement as it is less disruptive to the program. The disadvantage is that the child's day can be too long. It is important for both of the programs to communicate and coordinate on a regular basis. Coupled with itinerant special services, dual enrollments can be very beneficial to both the child and the program staff.

Individual and Small Group Instruction - Individual and small group instruction is often provided through an itinerant services model in the community preschool program, the child's home or on a school site. These services can be provided by a variety of staff members, based on child and family needs.

Home-Based Services - This is the most "natural" environment for young children. When providing services (either individual or small groups) it is important to emphasize the partnership between parents and professionals meeting the child's unique needs. Home visitors are guests in the family's environment and must respect the family's culture, values, and childrearing practices and incorporate suggested activities into this framework.

Contracted Services - Contracts or agreements with other agencies are strongly encouraged when these services are currently provided by another agency and are a cost-effective means of providing the services.

Coordination with Other Programs and Agencies - Educational agencies offering similar educational services shall coordinate and not duplicate these services. In order to coordinate with other programs and agencies, it is important to know what community resources are available and how they operate. Of particular importance is the relationship of special education with regular preschool and child development programs.

Collaboration between special educators and early childhood professionals requires learning about each others' programs. Special education staff may want to provide information on programs and services available, as well as eligibility, referral and procedural information. For many special educators, entering the world of child development programs will be like entering a different culture. Each program is unique, having a different philosophy, curriculum, funding base and enrollment policy. The following are some things to find out:

What is the program's philosophy? Not all preschool programs are the same. While most preschools emphasize a child's play as a primary mode of learning, the extent to which teachers provide direct instruction or arrange materials in the environment varies across programs.

What is the program's enrollment policy? Enrollment policies vary from program to program. Some of the questions to ask include:

* What is the program's enrollment process and timelines?
* Are there income guidelines? Are there waivers for special situations?
* Does the program serve children with handicapping conditions?
* Do children have to be toilet trained?
* If we wanted to enroll children with handicaps in your program, which children would be eligible, how many spaces are available, and when would we need to start the process?

How is the program funded? Publicly funded programs such as Head Start, State Preschool and Children's Centers are funded on grants and contracts. Typically the programs receive fixed amounts of money to serve a certain number of children. Private programs are funded on fees, although there may be a few scholarships available.

What are the benefits?

A.B. 2666 was passed with the assumption that by providing early education for preschoolers with exceptional needs and their families, the following benefits would occur:

* Significantly reduce the potential impact of any handicapping conditions.
* Produce substantial gains in physical development, cognitive development, language and speech development, psychosocial development, and self-help skills development.
* Help prevent the development of secondary handicapping conditions.
* Reduce family stresses.
* Reduce societal dependency and institutionalization.

* Reduce the need for special class placement in special education programs once the children reach school age.
* Save substantial costs to society and our schools.

As part of the annual evaluation of special education programs, an evaluation will be conducted of the effectiveness of the expanded preschool programs for individuals with exceptional needs between the ages of three and five years, inclusive, who do not require intensive special education and services. The evaluation will be conducted over a five-year period, from the 1987-88 school year through the 1991-92 school year. The evaluation will examine data on numbers and types of pupils who do not enter special education programs at kindergarten, or first grade as the case may be, but who received special education and services in a preschool program.

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A Resource Guide for Early Childhood Special Educators

Adapted from the Infant/Preschool SERN
Demonstration Site Training Materials
(Initial Revision 9/84)

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Foreword

The information presented here represents a cooperative effort of the staff, consultants and demonstration site trainers of the Infant/Preschool Special Education Resource Network. Additional input was received from state and national model demonstration programs in early childhood special education. The materials were also reviewed and critiqued by members of the Program and Curriculum Development Unit and Infant Preschool Unit, California State Department of Education, Office of Special Education.

The demonstration site training component is composed of nine early childhood special education program sites throughout the State of California which were selected to serve as demonstration sites to provide intensive "hands-on" training, based on the following criteria:

A well defined program model and philosophy
Comprehensive services for children from birth to 5
Geographic distribution
Strong parent involvement component
Interdisciplinary team approach
Program options to provide the least restrictive environment
Interagency coordination
Quality services for young children with exceptional needs and their families
Experience in conducting training and providing observation opportunities
Administrative support for demonstration site training activities

Each selected site designated one individual to be primarily responsible for the coordination of training at that particular site. These demonstration site trainers work together with the Infant/Preschool SERN staff to identify the most important competencies needed to provide quality services to young children with exceptional needs and to their families. These key concept areas are as follows:

Program philosophy
Community networking
Developmental assessment
Child development
Educational planning and implementation
Working with families
Administrative concerns
Staff development
Environmental design
Health concerns
Program evaluation

Within each of these content areas demonstration site trainers contributed ideas to identify the major content issues, training experiences, key articles and references and additional resources.

The narratives in this current draft were originally developed from outlines generated by the demonstration site trainers beginning in the spring of 1981. The outlines were written into narrative form by consultants (Eleanor Lynch, Chris Drouin and Sheila Wolfe) and by Infant/Preschool SERN staff. This version represents input from and revision by numerous field experts. Within each topic area the narrative provides an overview of that content area. Key indicators are provided at the end of each narrative to assist programs in assessing their own development in these areas.

It is hoped that these materials will provide both the content and structure relevant to early intervention programs, so that they may improve the quality of services for young children with exceptional needs and their families.

Linda Brekken, Ph.D.
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10/86

Program Philosophy

A program philosophy provides the basis and framework of a program. It is a statement of what the program planners and implementers believe is important in providing services to young children with special needs and their families. It is a statement about the conceptual framework from which the program proceeds. It describes what the program seeks to accomplish as well as the services and methods that are best suited to achieving the program goals.

A research report by David Weikart (1971) established that early intervention is most successful when a program is committed to an educational philosophy, to continuous inservice training to explore that philosophy, and to ongoing staff supervision by individuals knowledgeable in early childhood special education. Donald Stedman (1977) also reported that systematic, organized programs can contribute significantly to children's social and intellectual development.

Preschool programs for children with special needs are likely to be most effective when they have an identified, consistent program philosophy. This means that the program as a whole and each of its staff members have a common set of beliefs and educational values that are reflected in the program offerings, activities, delivery system, and evaluation.

The program philosophy provides guidelines for decision making regarding quality service delivery (Are our services helping us to accomplish what we want to achieve for children and families? How does this approach compare with what we believe is best?) and can be used as a tool for staff selection and orientation. Developing a program philosophy helps to sensitize staff to key educational issues, facilitates team building, and establishes consistency in approaches and practices. A clearly defined philosophy helps identify unique characteristics of the program to other services in the education system and to the community at large. And, in this way, parents and other can make informed choices about programs for their children.

Each program is unique. One program may select mainstreaming children with special needs as its primary focus while another program may elect to provide intensive, transdisciplinary services in a special day class. Despite differences in program philosophy and methods, early childhood special education programs share some common beliefs. Regardless of the pattern of service delivery, the following beliefs should be reflected in the program philosophy:

* The importance of intervention
* Emphasis on the whole child
* Parents as active participants in their child's education
* Team approach to the delivery of service
* Structured environments which promote play as a way to learn
* Providing the least restrictive environment through a range of program options
* Cooperative community networking

Although early childhood special education programs share some common concerns, each program must come to terms with a host of specific issues about the philosophy of their program. Issues to consider when developing a program philosophy are as follows:

* What population does the program seek to serve?
* What is the program seeking to accomplish for children and families?
* What are key qualifications and competencies of staff persons serving this population?
* What services are most important to help the program achieve its goals?
* What approach does the program take to eligibility, assessment, program planning, curriculum, parent involvement, etc.?
* What other community services and resources have cooperative involvement with the program?
* What are the most important activities to evaluate? What are the most important things about those activities to evaluate?

<u>Indicators</u>

As you review your program's philosophy, you may want to consider the statement below. If you answer "no," your program philosophy may need some attention.

___ The program has a written statement of philosophy regarding services for young children with special needs.

___ There is a written statement about the goals and objectives the program is seeking to achieve.

___ There is a written description of all services offered by this program.

___ There is a written statement about the qualifications and competencies for personnel in the program.

___ There is a written statement about the role and involvement of family in the program and the educational process.

___ There is a written statement about the value of early intervention.

___ There is a written statement about the approach to curriculum and services which talks about their conceptual relationships.

___ There is a written statement about the educational team and how that team works together for children and families.

___ There is a written statement about the relationship of the program to other services both within the education system and in the community at large.

___ Inservice training takes place to explore and refine the program philosophy.

___ The program philosophy is disseminated to parents and families.

___ The program philosophy is communicated to other programs and services in the community.

___ The focus of program philosophy is evident in the classroom activities and the design of individualized education planning for children.

___ The program philosophy is reflected in the program evaluation.

Community Networking

Programs serving young children with special needs and their families are rarely able to provide all of the diverse services that children and families may require. How, with ever shrinking resources, can we provide the medical, diagnostic, mental health and social services that are needed? How can we utilize those services that already exist with personnel who may be more skilled at providing the services than we are, and yet still maintain consistency and coordination among the various agencies? How can we provide a full range of services to meet the diverse needs of families who may come to us for assistance, but who may not meet our eligibility criteria?

No single agency can develop the range of program options that are needed in providing high quality services to handicapped infants, young children and their families. By collaborating with other programs and agencies, it is possible to design a cascade of services that meets the needs of a far wider range of children and families. In order to develop this range of services, programs for young children with special needs must actively seek to work with other agencies. Few professionals who work in early childhood special education have had specialized training in interagency collaboration or community networking. This process may entail assuming new roles and responsibilities.

The term community networking describes a number of activities in which a program engages in order to coordinate services between agencies. These activities may range from informal participation in a community fair to a formal written contract for service with another agency.

Before working with other agencies there are several things to keep in mind:

* Know the agencies, the services they provide, and if possible key contact people.
* Know what you want to accomplish by working with them.

Community networking is a process that varies between communities because of differences in resources, geographic and cultural factors, and community needs., Therefore, successful interagency collaboration relies heavily on the willingness of the various parties to engage in cooperative efforts.

The community networking process involves two important aspects: 1) the purpose, and 2) the methods.

PURPOSES:
* To create awareness of the program in the community, to convey information about the program's services and referral procedures.
* To enhance the availability of ancillary services to children and families served by the program.
* To coordinate with others serving the same children.
* To extend the service options available to children and families through shared placements and/or interagency agreements.
* To contribute to community awareness of the needs of young children with special needs and their families.

METHODS:
* Public awareness campaigns, including brochures, personal contacts, open houses, media coverage, etc.
* Meetings: a) for all agencies for "show and tell;" b) for all agencies to deal with a specific issue of common interest; and/or c) between individual agencies.
* Presentations at local, state, and national meetings.
* Participate in community advisory councils for other programs of invite key people from other agencies to be a member of your advisory group.
* Co-sponsor joint inservice training or special project development.
* Develop interagency agreements, either formally or informally, to extend services and to make the system more responsive to the needs of young children with special needs and their families.

Community networking is a process that is used to extend and broaden the services that are available to young children with special needs and their families. It increases the options, makes the service system more accessible and less intrusive, and helps to develop a community-wide base of support for quality programs and services for young children. Although the types of networking you engage in will probably change over time, it is an important activity that will occur throughout the life of a successful early intervention program.

INDICATORS

As you review your program's involvement with other services, systems, and agencies in the community serving young children with special needs and their families, you may want to consider the statement below. If you answer "no," the issue may need further study by staff, administration, or parents whom you serve.

___ Is your program known throughout the community? Do you receive referrals from all of the agencies/ individuals that you would expect? Are all appropriate agencies providing you with referrals?

___ Do you have a referral source for needed services that you cannot provide for families in your program?

___ Are the referral procedures smooth, efficient, and satisfactory to the parents?

___ Are you and the parents satisfied with the coordination of services?

___ Does your program provide a full range of program options?

___ Does your community have an awareness of and a strong lobbying group for the needs of young children with special needs and their families?

___ Do you have a brochure describing your program? A program description?

___ Do you have a slidetape or videotape that can be used to educate people about your program?

___ Have you held meetings to develop support and publicize your programs?

___ Do you know people within all of the other service system or agencies?

___ Do you have an Advisory Committee?

___ Do you serve on any other agency's advisory committee?

___ Have you ever done joint training or project development with another agency?

___ Do you have informal agreements with other agencies?

___ Do you have formal agreements with other agencies?

___ Are you acquainted with most or all of the other agencies and service systems that serve young children and their families in your area?

___ Do you participate in yearly events with cooperating agencies?

___ Is there a system of case management established between agencies which eliminates duplication of services and respects the family's needs for continuity?

Developmental Assessment

Early identification leads to early intervention. Research indicates that early intervention in the life of a young child with a handicapping condition can significantly reduce the impact of the handicapping condition on the child's later growth and development and improve the quality of life for that child and his/her family. In order to capitalize on the critical period of growth and development during the first five years of life, it is important to identify children needing special services early in their lives. However, it is not enough to identify the child as having a special need; it is important to conduct in-depth assessments of the child's overall developmental functioning so that specific needs for services can be identified.

In order to determine what information needs to be gathered during the assessment process, it is important to clarify the purpose of the assessment. The measures and procedures used in the assessment process will vary depending on the purpose; and can provide information helpful for determining eligibility, developing individualized educational plans, and monitoring progress. Each of these may require different types of information; it is important to clarify the assessment questions. The assessment questions may include the following:

1. Eligibility

   Does the child have a handicapping condition that requires special education and services?

   Determining the need for special services is the initial assessment question. If the child is identified as having a special need, a referral is made for in-depth evaluation by a team of professionals to further specify the child's needs for special services.

2. Educational Planning

   What special services does the child need?

   Determining which services a child needs is the most important assessment question. In early intervention programs, assessment information for program planning is provided by a variety of team members including parents, teachers, medical and therapeutic personnel, psychologists and language specialists. Information should be collected using several techniques to assure valid results, including: parent and teacher interviews, observations, and formal and informal assessment measures and techniques. Interpreting the results of the assessments from the variety of informants and sources should result in a comprehensive picture of the child's present performance level, strengths, and needs. Team members must work together to determine priorities for a coordinated service delivery program and the optimum match between the child's needs and service options.

3. Monitoring/Evaluating

   Is the program helping the child progress?

   Each program must determine a method of monitoring child progress, based on the program model and philosophy. This will have implications for the assessment measures used and the frequency of their administration. Standardized instruments may be administered on a pre-post basis. Other measures, including curriculum referenced measures, may be administered daily, weekly, monthly or periodically. These types of assessments will provide feedback regarding an individual child's progress, information for decision making about possible program modifications and documentation of overall program effectiveness.

ASSESSMENT OF STAFF QUALIFICATIONS

The assessment of infants and preschoolers is a unique and demanding endeavor. Assessment personnel should be experienced in and familiar with child development, characteristics of infant and preschool assessment measures, the effects of handicapping conditions on young children, working with families, interpreting assessment results and developing intervention plans. High quality assessments of young children are conducted as a team process, including information provided by people who are most familiar with the child (parents, teachers and aides). The following areas of competency have been identified as critical for assessment team members:

Knowledge of Normal Child Development:

Assessments of young children are essentially a comparison of observations of the child's behavior with the normal developmental progression. Assessment

measures consist of milestones along this developmental progression, the assessor to determine where the child is functioning along the continuum, both qualitatively and in relation to those milestones. Thus, it is important for assessment staff to be familiar with normal child development. It is often recommended that staff spend time with typical infants, toddlers and preschoolers in order to develop a strong feel for child development.

Knowledge of child development is not enough, however. Assessment staff should enjoy and be comfortable interacting with young children. This requires flexibility, adaptability, and a sense of playfulness. Awareness of the needs of infants and young children is an additional prerequisite. The child's state will be an important determinant of how well the child performs during the assessment. If a session is scheduled when the child is sleeping, hungry, wet or ill, the results will not be an accurate indication of the child's developmental abilities.

Knowledge of social-emotional development is an additional competency that assessment personnel must have. The ability to establish rapport with young children depends on this knowledge. The examiner's knowledge of development of separation and stranger anxieties may greatly influence the results of the assessment. Observations of mother-infant interaction and attachment provide valuable information on the child's behavior and level of functioning. A child's tempermental characteristics provide further information for the assessor. Some of these characteristics are the child's mood, activity level, distractability and response to a new setting.

Knowledge of the Effects of Handicapping Conditions on Child Development

Although knowledge of child development is a basic competency necessary for successful assessment of the young child, the assessment team must also understand the influence of various handicapping conditions on a child's development. Modifications of assessment techniques may be necessary in order to accommodate for the child's handicapping condition. In assessing young children with hearing impairments, assessment personnel must know: (1) what measures to use, (2) signing techniques if the child uses signing as his/her mode of communication, and (3) interaction skills and rapport building techniques with young children with hearing impairments. In assessing severely motorically involved young children, examiners must be aware of proper positioning of the child and how to adapt assessment materials in order to elicit the child's optimum responses. It is important look at what children can do as well as their deficits, in order to develop appropriate programs.

Knowledge of Infant and Preschool Assessment Tools:

Assessment measures for infants and preschoolers differ from those used with older children in several ways. Assessment team members should be aware of the consistent overlapping of the areas of early childhood assessment. Due to the interdependency of the skills and their overlapping nature, the lines of the specific disciplines are not clearly delineated. Many times items on scales or tests of the various disciplines are the same. Teamwork, advance planning and professional "give and take" serve the child's best interest and result in the most thorough, accurate evaluation.

Most measures used assess many different developmental skill areas, such as gross and fine motor, cognitive, language, social and self-help skills. The above cited areas are interdependent and not easily separated in young children. Assessments of very young children frequently rely heavily on motor items. Thus, a child's areas of disability must be taken into account when planning the assessment. The skills demanded of young children on these measures are also quite different. Fewer items requiring elicited responses to verbal instructions or complete cooperation with the examiner are included. Much more emphasis is places on observations of the assessment team. Thus, the demand is placed on the examiner as observer, rather than on the child as a respondent.

Because of characteristics of young children, examiners need to be thoroughly familiar with test items, administration procedures and scoring criteria. Stopping to read the instructions in a test manual could easily spell disaster in an assessment situation, particularly with active young children.

Assessment personnel should be familiar with the reliability and validity of infant and preschool assessment measures, as well as the the norming sample to which the child is being compared. This knowledge aids in test selection and in interpretation of results. Important decisions in the child's life are made on the basis of assessment findings; therefore, instrument selection should be based on appropriate standardization and high quality test construction whenever possible. Because many infant and preschool measures are not well standardized, examiners should exercise caution in interpreting assessment results.

Families and the Assessment Process:

One of the unique aspects of infant and preschool assessments is the amount of parent involvement required. Parents are an integral part of the assessment team and can provide a wealth of information. Prior to the assessment, parents should be given information about the instruments being used, the role of each member of the assessment team and suggestions regarding their participation in the assessment process. Throughout the assessment process, parents share the unique knowledge of their child with the other team members. Many standardized infant assessments were normed with parents present and participating during the assessment. It is very helpful, in almost every case, to have parents observe and participate in the assessment. It provides the staff with a way of verifying their impressions and determining if the behavior was representative of the child's typical performance. Parents learn too. Involvement in the assessment process provides parents with a better understanding of assessment procedures and results which may increase their participation in planning for their child.

As we've tried to stress, families are an integral part of the assessment process. In some instances, when the assessment results are reviewed, the parents will learn for the first time that their child has a disability. In other cases parents' suspicions will be confirmed. Assessment teams should be sensitive to the emotional impact that the assessment findings may have on the family. Familiarity with the grieving process will allow assessment personnel to recognize parental responses and to support families as they develop ways of coping with changes in their expectations of their child.

Since assessment is the first step in the intervention process, assessors owe families realistic interpretations of findings and concrete recommendations for what to do next. However, predicting the child's future abilities is difficult, especially during this period of rapid growth and development. The uncertainty makes interpretation of assessment difficult and places a strain on both parents and evaluators. Parents are usually anxious to do whatever they can to help their child. Assessment teams should include in their programming recommendations activities that can easily be conducted in the home and based on the family's needs, contraints and home environment.

Research on the efficacy of early intervention has shown that an integral variable in long-term gains of children receiving special service is the involvement of families in their child's education. (Bronfenbrenner, U. (1975). "Is Early Intervention Effective." Exceptional Infant, Vol. 3: Assessment and Intervention. New York: Brunner/Mazel.)

Team Approach:

The team approach, which includes parents, is an essential aspect of good infant and preschool assessment. The complexities of child development and the impact of multiple disabilities on a child's skill acquisition require the expertise of many disciplines. Although different members of the assessment team may observe the same behaviors in the child, their disciplinary training will give them a different perspective and interpretation of the same behavior. While a psychologist may look at the content and developmental level of a child's drawing, the occupational therapist may be observing the child's grasp, motor accuracy and control. In a classroom assessment, the teacher may listen for the child's sound production and work usage, while the speech and language therapist may also be noting lip and tongue movement and oral motor functioning. The use of several team members in the assessment process cross-validates the results, thereby increasing the reliability and validity of the assessment. However, a team approach requires much more than gathering several professionals together to discuss assessment results. It requires coordination and cooperation in developing a picture of the whole child and his/her family in their community.

Indicators:

Listed below are a series of statements that may help you review your program's assessment component.

__ The assessments conducted are consistent with the program model and philosophy.

__ The purposes of assessment and the types of information requested are identified prior to conducting an assessment.

__ The program has a variety of referral sources that identify children who might need further assessment and possible special services.

__ The program gathers assessment information from a variety of sources, including parents, teachers, medical and therapeutic personnel.

__ The program collects assessment information utilizing several techniques: parent and/or teacher interviews, observations at the home and/or school, formal elicited measures and informal curriculum-related measures.

__ The program utilizes a team approach to the assessment process.

— The program uses assessment information to monitor the child's progress.

— The program conducts comprehensive screening efforts, or utilizes screening information from other sources.

— The program conducts or obtains information on the child's developmental history and current developmental functioning.

— The program obtains information on previous services and assessments.

— The program avoids unnecessary duplication of requests for information from parents.

— The program has procedures which attempt to avoid the possible detrimental effects of labeling children with categorical diagnoses.

— The program recognizes the difficulties in obtaining valid and reliable assessment results with young children with exceptional needs.

— Tests are selected based on congruity among the purposes of the assessments, characteristics of the child and characteristics of the assessment measures.

— Parents are informed about the measures used, the roles of the assessment team, and the expectations regarding their participation in the assessment process.

— Assessment team members have appropriate qualifications which include:

1. Knowledge of child development
2. Knowledge of the effectiveness of handicapping conditions on the development of young children
3. Knowledge of assessment tools appropriate for infants and preschoolers with special needs
4. Ability to work with parents as team members and sensitivity to parents' needs during the assessment process.

— Assessment teams, including parents, work together to gather information on the child's current function level and needs for services to develop appropriate remediation strategies.

— Assessment teams avoid bias in assessment of children from different cultural and linguistic backgrounds.

The following checklist was developed by Gaye Riggs at the Infant Care Program of Merced County Schools to assist parents in evaluating the quality of assessments. Not only will this list assist parents in being well-informed consumers of assessments, but it will also assist us in examining our effectiveness as assessment teams.

<u>Components of an In-depth Assessment: A Guide for Parents</u>

— A complete health and developmental history was collected.

— My child was observed in a variety of settings, including home.

— All tests were given in the language most familiar to my child.

— The examiner was aware of and accounted for the cultural traditions my child is familiar with.

— Hearing and vision were assessed.

— Adaptations in the test were made if language, hearing, vision, motor, or behavior were problems which interfered with testing.

— Information was collected about how my child interacted with me, his brothers and sisters.

— If my child was taking medicine which affects his attention-span, willingness to work, or mood, the examiner made note of its effect.

— Prematurity was accounted for when the test was scored.

— The examiner accounted for my child's opportunity to learn the tasks on the test.

— The examiner developed a good relationship with my child which helped my child do his/her best.

— I was included in the assessment.

— I was asked if the results were consistent with how I see my child. If they were not, my opinions and perceptions were respected.

_ My child was appropriately involved in the test activities.

_ If a health impairment (such as a heart defect) interfered with my child's performance on the test a note was made of it for the record.

_ My child was observed in structured and unstructured activities.

_ The examiner taught my child a task (or allowed me to) to gain information about how my child learns.

_ My child was observed in play. How he played was taken into account.

_ More than one way (or one test) was used to collect information about my child.

_ My child was feeling well and at his best. If not, another assessment was planned.

Child Development

Young children are not just short adults! Infants and preschoolers are in a critical period of rapid growth and development and have unique needs, abilities, temperaments, and learning styles. Although developmental psychology has provided us with a road map of learning milestones, each child travels the road in a slightly different way. Each child is special and his or her uniqueness is often most noticeable during the preschool years, when wide ranges in development are typical of all children. Children with special needs are more like their peers than they are different. Thus, integration of children with special needs into early childhood programs at this early age level is very appropriate.

There has been an increasing growth of knowledge in the area of child development in the past 15 years, and it is important to incorporate this knowledge into our programs for all young children, with or without handicaps. Some of the key points in developing programs for young children are presented below:

A child first, a child with special needs, second:

Children with handicaps are just that - children first, with handicaps second. Most learn, grow and develop in the same sequence as children without handicapping conditions, but their rates of development are different. Staff in infant and preschool programs need to be experts in "normal" development.

Children's development is integrated and branching:

Young children are often viewed and studied through the individual components of development (motor, language or cognition development). In this view, children are looked at as long strands of developmental milestones with skills in one area learned independently from skills in any other area. However, if we look at the whole child, we see that development is integrated and branching: all of the areas are interdependent and interrelated. Because of this, teaching must also be integrated and use all the child's senses in both natural play and structured activities. Children learn skills best in settings where they naturally occur, with many opportunities for practice. For example, specific language, attending behavior and social goals can be easily included in a motor, music or cooking activity. In program planning, children should be viewed holistically.

Developmental programming:

Programs for all young children, including those with special needs, need to be developmentally based: organized around the kinds of skills that we expect young children to acquire in the first five years. Basing a program on developmental theory and the principles of early childhood education does not mean that one must abandon all other theories or teaching technologies. However, it does mean that skills which are developmentally appropriate will be taught using the child's strengths and the teaching strategies that work best for each individual.

Provide opportunities for children to learn and practice new skills and behaviors:

Research indicates that young children need many opportunities to practice skills they are learning and to receive feedback on performance and to modify their responses, in order to master the skills and behaviors that are expected during the preschool years. In programs for preschoolers with special needs, even more opportunities for practice are needed, and children may need more systematic feedback about their performance.

Provide an enriched environment where children have opportunities to interact with a wide range of materials:

Since most preschoolers learn through guided discovery, the preschool classroom should be a stimulating, exciting place to be. However, some young children (both handicapped and non-handicapped) are not able to learn in such a stimulating environment. These youngsters need a more structured setting which allows for learning but provides more limited, manageable choices.

Capitalize on learning opportunities in the activities of daily living:

Everything that takes place in the life of a young child is an opportunity for learning more about himself/herself and the world. Unlike the learning settings and conditions for older children, the entire world is a learning lab for the preschooler. For many children with special needs,

learning within the context of the experience is even more important. The concrete "here and now" is a far more effective way to teach than the verbal abstraction of "if" or "when."

Utilize play as a vehicle for teaching:

Play is the work of children. Young children spend most of their time in play, and it can be powerful learning opportunity. Programs for young children should be a mixture of teacher-directed and child-initiated activities that can be talked about, experienced and interpreted. Play in this context is purposeful and designed to promote thinking and learning. Children with special needs in preschool settings may need to be taught to play, but even children who need more teacher direction, intervention and interpretation can learn from play.

Peers are valuable role models:

This is one of the major reasons for mainstreaming. All children seem to learn from other children - sometimes more easily than they learn from adults. Children with special needs also need the stimulation, challenge and experience provided by age peers at the preschool level. At the same time, non-handicapped children will learn from their peers with special needs. Having a handicap does not mean that you have nothing to teach others. In some situations, the child with special needs will teach his or her non-handicapped peers far more than they will teach him or her.

Mainstreaming takes extra work and a great deal of planning. It is much more complicated than just putting kids together. Parents and staff often are afraid that non-handicapped children will imitate the behaviors of children with special needs in an integrated preschool setting. Sometimes they will, but it is important to remember that (1) just because a child has a handicap, does not mean that some of his or her behaviors should not be copied; and (2) behaviors that don't get a lot of attention don't last long.

All young children need opportunities to experiment with roles and relationships:

One of the most important tasks of early childhood is learning that the world is based on relationships, on getting along with others. During the early years, children are learning that they have an impact on their environment and on the people within it. Although they are primarily "takers," they are beginning to make the first attempts at giving, compromise and problem-solving with other people.

Culture influences development:

Many of our developmental norms are based on normally developing, white, middle-class children. Comparisons using such norms may give us inaccurate and unfair information about children from other backgrounds or cultures. We also know that just as size of family, region of the country, and family expectations influence development, so do the family's ethnicity, primary language, and cultural mores. Black babies and young children are accelerated in their motor development. Children with well-established primary languages who live in a bilingual environment develop more effective cognitive strategies. Children who are not expected to perform or excel often don't. Cultural differences in children, as well as in the family's child rearing values and practices, must be considered by staff in infant and preschool programs.

Indicators

Listed below are a series of statements that may help you determine whether or not your program is consistent with the principles of developmental psychology and early childhood education as they are applied to the education of preschoolers.

___ All of our staff members have a background in child development.

___ Objectives and IEPs reflect an integrated rather than fragmented approach to teaching.

___ Skills that are being taught are developmentally appropriate, not too high or too low.

___ There is a balance between teacher-directed and child-initiated activities.

___ A wide range of teaching strategies are being used--some very structured and some less structured.

___ Teaching strategies are matched to the developmental content of the program model and to the child's individual needs.

___ There is a recordkeeping system which shows each child's progress on specific objectives on a daily, weekly, or monthly basis.

___ There are many opportunities to practice skills that occur naturally in the environment.

___ There are more structured instructional and practice sessions for children who need a more directed approach.

___ The space is organized to allow for stimulating and quiet areas.

___ Most play times have specific goals and objectives and involve staff as "commentators."

___ Non-handicapped children and children with special needs have opportunities to be together and to learn from each other.

___ Children are helped to solve problems with other children with as little teacher intervention as possible.

___ Cultural differences are recognized and utilized to enrich the program.

___ Staff members attend to the cultural values of parents and respect their beliefs.

Educational Planning and Implementation

At the heart of all of our efforts to provide early intervention for young children with special needs and their families is the effective planning and implementation of educational and therapeutic activities to assist the child in reaching his/her fullest potential. Planning an educational program requires knowledge of the child's needs, child development, the available resources (staff, curriculum, materials, etc.), and the magic of effective interaction between the child and adult. The reciprocity and synchronicity of interaction between an infant and parent are evident early in life, and have been shown dramatically in slow motion analyses of video recordings. A similar synchronicity exists in an effective educational interaction, on a much larger scale. The adult-child interaction, the teamwork of the adults in the environment and the interrelation of the child's individualized educational plan into the overall program curriculum must all blend together into consistent whole.

Preschool programs which serve children with special needs need a sound philosophy which can be translated into goals, objectives and daily activities that will enable each child to make progress. This philosophy will provide a framework for intervention for the children and families in the program and guide teaching principles and practices. These "best practices" are described in the following sections:

Cover all developmental areas:

Children are developing in all areas continually. Of course, as all parents and preschool teachers know, sometimes that growth is a little ragged. Young children will suddenly make great progress in one area and hardly seem to grow at all in another. Just as physical growth occurs in spurts, so does development in gross and fine motor, cognition, language, social and self-help skills. As children gain new skills in one area, they begin to consolidate skills in others. Because of this pattern of development which seems to be true for all children regardless of disability, programming in all areas is important in preschool programs. Covering all areas of development on the IEP is not only sound educational practice, but it also helps to remind us that we need to attend to the total child and his/her developmental needs, not just to the areas in which he or she is weakest.

Program for continuous development:

Children with handicapping conditions are tested so frequently, and tests play such a major role in decision-making, that the items on the tests often take on exaggerated importance. When this happens, teachers and parents alike sometimes fall into the trap of teaching splinter skills from the test. For example, many tests used with young children have items that require the child to put pegs into a pegboard and forms into a formboard. These items are measuring the child's coordination, attention to task, and spatial relationships; it is these underlying skills that are important. Too often, children spend hours being taught to put forms in formboards and pegs in pegboards instead of being given a range of activities that help them develop coordination, attending skills, and understanding the relationships of objects in space.

Children are often our best teachers, and if we focus on each child as a "whole" person and take our cues from their behavior, we can provide effective, relevant and developmentally appropriate learning experiences.

Incorporate ideas from many curricula into the classroom:

Although good teachers and good programs have a program philosophy which forms the basis for educational planning and implementation, they may work from several curriculum guides. The program philosophy assists in selecting curricula that are consistent with the program's goals and objectives.

The concepts introduced in most preschool curriculum tend to be repeated in increasingly sophisticated ways as children mature. This kind of curriculum has been referred to as "spiral," for like a spiral, it starts with a few concepts and gradually increases the number and complexity as it grows, allowing for many opportunities to repeat and practice. Programs may want to review and adopt several different guides to assure that they are working on the full range of skills that are important for preschoolers to learn, including overall developmental curricula, as well as curricula that emphasize one particular area such as communication skills.

Teach to both strengths and weaknesses:

Children need the opportunity to improve in their areas of weakness while they are getting opportunities to develop their strengths. Sometimes it is even possible to pair strengths and weaknesses. In this way children gain new skills in their deficit areas while thoroughly enjoying an activity. Children are also less likely to get turned off,

discouraged, or embarrassed than if they were only engaged in activities designed to meet their weak areas.

Provide opportunities for structured and spontaneous learning:

Programs for young children with handicapping conditions need to provide opportunities for structured, directed learning as well as to capitalize on opportunities for spontaneous learning that are a part of every situation.

There are countless opportunities to point things out, provide explanation, ask questions and interpret feelings. These instances, or "critical moments" may occur at the most unlikely times, such as when the caterpillar wiggles into the room, the paint spills, someone tumbles off a slide or the baby chick hatches. When these moments do occur, it is important to take advantage of them, for the learning that occurs at that time is often far more potent than the best planned unit on bugs, art, safety, or baby animals.

Help children generalize:

Many children with special needs have trouble generalizing things that they have learned. Sometimes even changing the setting causes them to forget to use what they have learned. Thus, it is important to teach the same concept in many different ways and in many different settings, relating each experience to the one before.

Adapt activities and materials for various handicaps:

Children's handicaps may interfere with their full participation on various activities, but the handicaps do not need to prevent them from participating. Blind children can still enjoy the zoo; children in wheelchairs can have fun at the beach; and children who can't hear can be in class plays. What it takes to make that happen is what teachers of young children seem to have an abundance of--creativity!!! It is a matter of looking at the child's abilities and disabilities and figuring out ways in which the activities and materials can be adapted to fit the child. Sometimes the adaptation is as simple as developing a buddy system within the room so that each child always has a partner to work with. In other instances the adaptation may involve more teacher or therapist input and intervention, such as making materials larger, outlining borders on papers, adapting equipment, making the environment more accessible, giving more direction, or helping children stop an activity before they ruin it for themselves or others. Parents are often the best source of ideas for their child on adaptations of activities, equipment, furniture and materials. With team input and creativeness, there are few activities in which young children with special needs cannot be included.

Utilize an interdisciplinary team to plan and implement programs:

Educating young children with special needs is a complex task that requires the expertise of many people. No single discipline has all the answers. Staffing patterns, Individualized Educational Plans (IEPs) and service delivery systems of programs for infants and preschoolers with exceptional needs should reflect the input from professionals from a wide range of disciplines.

Include parents as team members:

Preschool teachers probably know more about young children than almost anyone else, but parents know the most about their own child. Although parent involvement is critical in special education at all ages and levels, it is most important during the infant and preschool years, where the most "normalized" setting is the child's home and family. The skills and behaviors taught at school and in the home are much more closely linked during these years than later in the child's life. We also know that early intervention efforts are most effective and longer lasting when there is strong parent involvement. Thus, it is essential to develop a close partnership between parents and early intervention staff.

The practices described in the preceding paragraphs help to make special education for infants and preschoolers with special needs really special. Combined with the principles of learning, teaching, developmental psychology, and early childhood education, they can form the basis for developing and implementing high quality programs for infants and preschoolers with special needs and their families.

Indicators:

As you review your program's approach to educational planning and implementation, you may want to consider the statements below. Check issues that may need further study by the program staff, parents, and administration.

— The program has a written philosophy which it uses as a basis for program development.

— There is a written Individualized Education Plan (IEP) for each child with special needs in the program.

___ The IEP contains objectives in all developmental areas. (According to the regulations of Public Law 94-142, objectives in areas not affected by the handicapping condition are not required. They do, however, help to assure that the child's program is integrated.)

___ The IEP includes related services which will be provided, e.g., services from occupational, physical, and language therapists.

___ The skills being taught are developmentally appropriate for each child.

___ The skills and behaviors being taught are justifiable, useful skills and concepts rather than tasks selected from preschool curricula or preschool test instruments without regard for their future view.

___ The program uses one or more preschool curriculum guides to provide a framework for the selection of daily activities.

___ The program records data on each child's progress on a daily/weekly/monthly basis.

___ The data is used to make decisions about what the child should be taught next and about the effectiveness of the teaching strategies.

___ The IEPs and daily activities focus on the child's strengths and weaknesses.

___ The teachers and staff have daily plans for activities and the objectives that they want to accomplish.

___ The teachers and staff feel comfortable departing from their daily plans to use "critical moments" for teaching.

___ The children have opportunities to learn the same concepts/skills/behaviors in many different ways and in many different settings.

___ Children with special needs have opportunities to participate to some degree in all activities.

___ Adapted materials and equipment are available as needed.

___ Parents are involved in the development of the child's program, that is, they help develop the objectives.

___ Parents are frequently in the classroom to observe and/or participate.

___ Teachers and other staff members visit the children's homes on a regular basis.

___ Parents are provided with activities, ideas, pamphlets, tapes, etc., about resources, activities, teaching techniques, discipline, and so forth.

___ Staff members are aware of referral sources within the community and utilize them as necessary.

___ The classroom or center is a setting in which you would like to learn or a setting where you would like to send your own children.

Working With Families

Parents are, and should be, the most significant and influential people in infants and preschoolers lives. For it is during these years that bonding takes place, that the family's values are first learned, and the child develops trust and a sense of belonging. Although child-rearing patterns and practices have changes in recent years, all families give a great deal of thought to having an infant or preschooler spend most of his or her time outside the home. When most parents choose to have an infant or preschooler spend many hours away from parents, the child is usually taken care of by a relative, day care mother, or placed in a day care or nursery school setting. In many ways these settings are far less intimidating than "going to school." Sending a young child to a special education program in a school which may be across town conjures up visions of tiny infants riding to school on large, yellow buses, crawling into tiny desks, and a teacher writing on a chalkboard in the front of the room--not a very pleasing picture. But, to most of us school does mean desks, books, homework, time tables, and lots of quiet, confined activities. It is no wonder that parents often have concerns about the appropriateness of sending their infant or young child with special needs to "school." One of the most significant roles of an early interventionist is to dispel the myths that parents have about sending their babies to school. Dispelling these myths needs to be handled in different ways. First, and most important, is to see that preschool special education is different from traditional education by: structuring the program to meet the need of young children; hiring staff that have knowledge about the experience working with infants and preschoolers with special needs, fighting for administrative policies that recognize the difference between infants and preschoolers and older children; looking to the parents for leadership in what and how they want their child to be taught and treated; and being vigilant in protecting the right of families of young children to a very special kind of special education. Second, it is the staff's responsibility to acquaint the parents with all of the aspects of the program, to listen to parents as they express their needs, wishes, and concerns, and to use their ideas to improve the program for all children.

Parents have the right and responsibility to be their child's primary teacher, advocate, and case manager. It is the job of the early interventionist to support and assist parents in each of these roles. Supporting and assisting parents will take many forms. For some it will mean providing encouragement, moral support, and assurance that they are doing the best job that anyone could be doing. For others it will mean modeling ways of working with the child, helping them set up appointments with other specialists and agencies, going with them to the appointments, recommending resources, and helping them solve problems that are interfering with their ability to adequately take care of their child with special needs. For most, the kind of support and assistance needed will vary with the situation. The early interventionist must become sensitive enough to the family and how it functions as a system to know when to step in and when to back off. Individualization for families involves recognizing each family's strengths and needs and building on the strengths and competencies just as we individualize for each child and build on the child's strengths. It would be so much easier if there were a formula, some kind of rating scale or index that always told us what to do with every family in every situation; but there's not. Instead, we must rely on our training, our colleagues, our caring, and the parents themselves to guide our interactions.

Find out what parents need:

A lot has been written about what parents of young children need. The material that has been written advocates everything from parent education in behavioral technology to respite care. Seldom, however, does it suggest that we should ask parents what they want or expect from an early intervention program. In all other forms of "inservice training" we generally conduct a formal needs assessment and plan a large part of the training around the audience's identified needs. This should be seen as no less important in working with parents. Often our concerns about a lack of parent involvement may be due to the fact that our parent involvement is designed to meet our needs rather than the needs of the family.

Include parents as integral members of the teaching/treatment team:

Teachers and staff members who have training and experience in working with young children with special needs have the advantage of having seen many children with similar problems, strengths, and weaknesses. They bring a broad-based set of skills of early intervention programs and can look at individual children against a background of many children. Parents, on the other hand,

do not have the breadth and range of experience with young children, but they know more about their own child than anyone else does. Being responsible for the child twenty-four hours a day has given them expertise that can't be learned in books. In the teacher/staff/parent team, each member brings something unique and important, and each person's contributions need to be heard, valued, and utilized.

Many times parents do not realize what they have to contribute through their parenting skills or as advocates; or if they do realize it, they have been ignored so many times in the past that they do not rush into the situation eager to share their insights. It then becomes especially important for program staff to solicit parent's input, ideas, thoughts, strategies, and concerns and use it as they work together to develop the child's program. Parents need to be included in every aspect of the program from planning and conducting the assessment, developing the objectives and strategies, and implementing the program, to determining when the child is ready to exit from the program. All of these are joint decisions that need to be made as a team.

Recognize that the child with special needs is only one part of the family system:

Families are like all systems; they seek a state of balance that may not be perfect for each member but is at least tolerable for all. As early interventionists, we need to be aware of what the family needs to stay in balance so that we can assist them in that goal or consciously decide that the pattern is harmful enough to the child with special needs that we need to help them confront it. This is not an easy task, and few teachers and staff have been trained to view families so dynamically. Although there is no mystery to looking at families as systems, it often requires the knowledge and experience of a team member with training in psychology, social work, or counseling. Its importance, however, can't be overlooked, for it plays a significant role in what may often appear to be the simplest issue. The entire family system needs to be taken into account in all decisions to the child.

Be sensitive to the changing dynamics within the family system:

Many parents of children with special needs describe their reactions to the child's birth in much the same way the loss of a loved one is described in the literature on death and dying. The grief cycle which includes disbelief, outrage, anger, sorrow, and eventual attempts to accept the reality of what has happened provides a framework for viewing families and working with them and their child. Each family member goes through the cycles at his or her own pace. They may spend days or years at one stage and seldom are two family members at the same stage at the same time. It is also not something that we pass through only once; like the grief that we experience when someone dies or when a relationship dissolves, we cycle through it again and again. Although having a child with special needs does not ruin one's life, it does change it and it is up to us as staff members to recognize the impact that the child is having on the family.

Assist families to find resources in the community:

One of the most important services that programs for infants and young children with special needs can provide is a linking with the social service network. Staff members need to be familiar with all of the agencies, what they can provide, and who the parents should get in touch with. Many times the staff member may even help the parents make the first contact. Although a directory of sources is invaluable, at this point it is probably far more important to talk with parents about the service system, giving them specific names and numbers rather than present them with a long list of faceless names and seven digit numbers.

Provide support and encouragement to families:

All parents have fears and concerns about their children, but the fears and concerns of parents of children with special needs are often magnified by lack of community resources, attitudinal barriers put up by the public, and the child's own limitations. Parents of children with special needs are forced to struggle with how to provide for the child after they are gone, whether the child should live in a group or foster home, and how to manage the issues of sexuality. None of these decisions is easy but taken together, they are extremely difficult. Since they will have to live with the decisions, it is important that they make them as a family without our intervention. Support is not always easy to give, nor is it the same for each family, but it can be made easier if we honestly ask families what they need at the moment.

Accept differences in parenting styles:

Most early interventionists think they know how to parent--or at least know how it should be done. Unfortunately, the convictions usually come from books and/or experiences with their own Anglo, upper middle-class, non-handicapped children. In reality, parenting is seldom done by the book. Instead, cultural, linguistic, age, and relationship factors play a predominate role in how children are viewed and how they are treated.

During the past two decades, a number of variations on the traditional family structure have evolved and have become more or less accepted. An especially large number of children with special needs live in non-traditional settings which include single-parent families, foster placements, group homes, grandparents, and teenaged parents. Although these settings may be as nurturing as many so-called traditional homes, they are different and make differences in programming.

Programs may also face the challenge of working with children whose parents may themselves have special needs. Parent involvement has been shown to be a critical element in successful early intervention. If parents are to be trained as the "primary teacher," then the training materials must be at a level the parent can understand and implement. As we individualize for the child, we may also need to adapt our parent involvement and education to the special needs of the family. Each family structure demands slightly different approaches from the program staff and usually quite a bit of discussion and experimentation to get just the right fit for the family, the child, and the program goals.

Home visits:

Home visits are usually a part of early intervention programs. In some, especially with very young children, a staff member visits the home and works with child in that setting only, talking with the parents, demonstrating activities to do during the week, and sharing ideas and materials with the parents. In other programs, home visits are combined with center-based programs so that each child and family has the advantage of being a part of a group as well a the advantage of receiving very individualized services within the home. In both instances home visits are critical to the program's effectiveness. Entering parents' homes is, however, a new responsibility for most teachers and staff. Education has traditionally been done in schools, not in parents' homes, and suddenly staffs are faced with a situation that demands new behaviors and new rules.

Good home visits need to be as well planned as activities at the center--and as subject to sudden change as those activities are. Just as there are critical moments in teaching, so are there critical moments in working with families. The day that Michael's mother learns that he will have to have surgery again is not the day to plough through a session on using his milk as a reinforcer. On the other hand, home visits should not be times for idle chitchat either.

Entering someone's home on regular basis changes the typical teacher-parent relationship rather dramatically. Usually the level of intimacy increases and often staff members begin to hear things about the family's circumstances, problems, and relationships that they may feel uncomfortable about. Although it is appealing to move into a therapeutic role, it is important not to take on more than our training and experience have prepared us for. Good therapy involves far more than being a good listener, and it is often a better service to the family to acknowledge their concerns, admit our inability to handle them, and suggest someone better equipped for it than to go on a personal ego trip.

Sometimes home visits allow us to see things that we wish we did not see. Neglect and abuse are much more evident when you see the family in their own surroundings. This is probably one of the single most difficult issues faced by teachers and program staff, but the law is quite clear. As teachers in California (and in many other states as well) we are obliged to report suspected cases of abuse or neglect to protective services or the local police department. Failure to do so carries a penalty.

Parent professionals:

Many parents of children with special needs have become sophisticated consumers and advocates. They have learned about community resources, have learned to assert their child's rights and their own under the law, and have begun to assist other parents get programs and services for their child. These parents have always been the best allies that special education has ever had, and they continue to be. Special education exists through the efforts of parents. The passage of Public Law 94-142 was primarily a parent effort and parents continue to be the most effective lobbyists for special education programs. Programs for young children with special needs need to help train parents to become advocates and to use parents who are already advocates to improve early intervention programs. Parents may serve on advisory committees, conduct program evaluations, recruit other parents, and train parents who are new to the program. Parents are the most important resource that early childhood special education programs have now.

Indicators:

The statements below relate to working with families in a program for infants and young children with special needs. Review the statements in terms of your program.

Talk with parents and staff members about the issue(s) checked to see if changes need to be made.

___ The program has a written statement of philosophy about parental involvement.

___ The program is obviously different from school programs for older students, e.g., different building, different transportation, different activities and feel to the preschool classroom.

___ The program works with parents in a variety of ways.

___ The program conducts a parent needs assessment at least once a year as part of its planning or program evaluation.

___ The needs assessment is tabulated and used to shape the program.

___ There is a parent group that is a part of the program.

___ The parent group is run by the parents instead of the staff.

___ Staff members are trained in or have inservice session on family dynamics.

___ Staff frequently consult each other on the most appropriate way to work with a particular family.

___ Staff members with training in counseling, psychology, or social work are available to the staff and parents as needed.

___ The staff recognizes that the strengths and needs of the parents vary with time and that the form of participation may vary as well.

___ Does you facility help with or provide respite care?

___ Are staff members available to work with groups as needed, e.g., father, surrogates, grandparents, single or teen parents?

___ Are there opportunities for participating parents to meet with parents who have participated previously?

___ Are staff members aware of rights of parents?

Administrative Concerns

Early childhood special education programs differ from education programs for older children in several ways. Perhaps most important among these differences are the unique needs of very young children and the diversity of community agencies which provide programs and services for young children with special needs and their families. Young children, with or without handicaps, perceive the world quite differently than older children. Play is the young child's natural mode of learning and during the early years of life, a large proportion of what the young, developing child learns will occur naturally in the home. Infants and preschoolers with handicaps are often receiving services from several sources. Many are being seen periodically by a neonatal follow-through unit, by the Regional Center, or sometimes by a private service organization such as the Association for Retarded Citizens or United Cerebral Palsy.

These differences have implications for administrators since they affect the way in which programs for young children can be conceptualized and implemented. Most important, however, is the administrator's own commitment to and belief in the importance of early intervention programs. The administrator must be familiar with the programmatic concerns and issues as well as the management issues that are unique to programs for very young children.

Many administrators of early childhood special education programs have concerns, responsibilities, and tasks which differ from those of administrators of programs for school-age children. As an administrator of an early intervention program, you will probably be faced with many of the issues described below.

Funding:

Early intervention programs are provided by a variety of agencies on a number of different funding sources. This diversity has led to the understanding that there are several ways to provide high quality services to young children with special needs and their families. However, it has also led to confusion in obtaining and maintaining funding for these programs. Many programs operate on several different funding sources and administrators must juggle the varying requirements of each funding source. Administrators of programs for young children with special needs and their families need to know about sources of federal, state, local, or private monies which can be used for these purposes.

In addition to knowing about these sources, administrators must be skilled at writing grants to obtain the necessary funding. Because the amount of money earmarked for programs for young children with special needs has varied greatly and has often been available unexpectedly or late in the year, many administrators keep "pre-written" grants ready to be pulled out of their desk drawer. These can then be quickly modified to fit a last minute response to the Request for Proposal (RFP).

The California Master Plan for Special Education was developed to provide appropriate special education and services based on a child's needs, not on categorical labels. This encourages creative, appropriate program options for young children with exceptional needs. Special services to young children and their families should not be equated with special day class programs. All education programs are mandated to serve children with exceptional needs from age three on and infant programs operated by school districts in 1980-81 are mandated to continue providing such services. Other services are provided to young children and their families by developmental disabilities, health, social services, Head Start, and the Child Development Division.

Coordination among all the agencies providing services to young children with special needs and their families within a community can greatly reduce fragmentation, avoid duplication and help families to have smoother access to services. For example, agreements between school districts, Head Start programs, health, and mental health, social services, developmental disabilities and universities in a community have increased and extended limited resources.

Legislation and Regulations:

Legislation affecting financing and the provision of services for early intervention programs changes rapidly and constantly. Rules and regulations which dictate the who, what, when, where, and how of services may be ambiguous, confusing and contradictory. Careful

attention to the legislative climate and process and a current knowledge of federal, state and local regulations is imperative. Subscribing to and reading publications such as "Special Education Reporter," "Federal Grants and Contracts Weekly," the "Federal Register" and "On the Capitol Doorstep" will help you keep abreast of the ever-changing system. Computer bulletin boards such as SpecialNet contain up-to-the-minute information on legislation and an Early Childhood bulletin board. Many school districts and agencies already subscribe to these publications and have staff whose job it is to write grants and follow the state and national scent. If your program has someone in this position, let them know about your interest in programs for young children so that they can help you keep up.

Maintaining contacts with other early childhood special education administrators, politically astute school and community people, parent groups and your local legislative representatives will also provide information and support for you in this crucial area.

Program Models and Options:

In the last decade, a variety of program models for delivering services to young children with special needs have been developed. Many of these programs have produced information about their programs including how their programs were developed, the curriculum used, and the evaluation procedures. In addition, many include discussions of their successes, their failure and suggested modifications for replication of their mode. These materials can assist you in gathering ideas for the development, implementation, and evaluation of your program and can often help you save time and resources by avoiding some of the problems that others encountered. Information from these projects is available through the Handicapped Children's Early Education Program (HCEEP) network, the Personnel Development for Infant Preschool Programs, the National Diffusion Network, and other dissemination sources. You may also want to visit and talk with administrators, staff and parents of other early childhood special education programs to gather first hand information and materials. In addition, programs may want to subscribe to journals such as Topics in Early Childhood Special Education or the Journal for the Division of Early Childhood of CEC to keep informed on program models and research in the field.

Community Networking:

In order to provide comprehensive services, early childhood special education programs need to work closely with other agencies. Community networking was discussed in an earlier chapter in more detail, but as an administrator of a program for infants and preschoolers with special needs and their families, you will at least need to do the following:

* Let other agencies/programs/people know about your services,
* Refer children and families from your program to other programs/agencies/services to receive services that you do not provide,
* Coordinate with other programs/agencies who are working with the same children and families,
* Develop interagency agreements to share services,
* Act as an advocate for early intervention programs in the community.

Staffing:

Identifying needs, selecting, supporting, managing and coordinating staff members activities is a major responsibility for early childhood special education administrators. The team that is most effective with infants and preschoolers and their families differs from the traditional team of education professionals. These differences in training, expertise, and disciplinary background pose new challenges for the administrator. More time and support for team development must be invested if the staff members are to effectively share their skills with families, children, and each other.

Scheduling in programs for infants and young children is also different from the typical public school schedule. Because of the characteristics and needs of very young children, i.e., naps, feeding, more frequent hospitalizations, and the family-oriented goals of the program, scheduling must be flexible. Staff members need time to provide direct service at the center and in the home, time to staff each of the children, time to work with other programs and agencies within the community, time for the paperwork, and time to develop their own skills through observation and inservice. The typical 9:00 a.m. to 3:00 p.m. day on the school site does not work.

Staff absences may cause particular hardships on early childhood special education programs in a variety of ways. For example, in center based programs, administrators need to be aware that substitute personnel who are unfamiliar with the unique aspects of early intervention programs require a special orientation to program procedures. Absences in home based programs are even more difficult. Home visitors have special relationships with their families which cannot be easily

replaced. For this reason short term absences could be covered by another familiar team member. In the case of long-term absences (i.e., maternity leave) transiton time between the two home visitors is a recommended practice.

Working with young children with special needs is sometimes a messy job. Staff often sit and work on the floor and may be holding infants and preschoolers who may drool, spit up or have other normal "accidents" for their age. Dressing for success in working directly with young children means something entirely different than in a setting with older children. The most appropriate and professional dress for infant and preschool staff includes clothes that are comfortable, casual and washable.

Physical Arrangements and Facilities:

The space and equipment needs of young, children with special needs are different from those of older children with handicapping conditions and non-handicapped children. Settings for young children need to be more home-like with attention to health and safety factors within the environment. Materials and equipment need to be appropriate for small children and the environment adapted for special needs. The space needs to be large enough to allow for active participation of family members. Snacks and meals must be tailored to special diets, the child's level in feeding skills, and the physical capabilities of each child.

Some children will have special medical needs that all of the adults in the environment need to be aware of. This information, as well as information on emergency medical procedures, needs to be easily accessible in the area where children are being served.

The transportation needs of young children with special needs are unique and must be based on the program model and philosophy. Each program must establish its own guidelines for transportation of young children. Special consideration should be given to family concerns, safety, distance and time, availability of resources, insurance, and special equipment training for transportation staff.

Interfacing with the Larger System:

Since administrators in early intervention programs find themselves in the position of representing and justifying a unique program philosophy and method of service delivery, administrators must have a clear understanding of their program and be able to clearly explain and advocate for it. It is important for the administrator to take an active role in the administrative mainstream of the larger system. Such visibility ensures that services for very young children and their families will be seen as a necessary and established component of the continuum of services for individuals with special needs.

Program Documentation and Evaluation:

Nothing builds support like success. Information on cost effectiveness and child and family progress and change will assist in ongoing monitoring and program modification based on evaluation data. Clear presentation of this information in both written and oral formats, will provide tangible information to justify continuation and expansion of the program.

This kind of careful evaluation and documentation is important to share with a variety of audiences. Administrators and board members are obvious, it also provides staff and parents with knowledge that what they are doing works.

The considerations for administrators presented in the preceding section provide a framework in which early childhood programs can be developed. Keeping these ideas in mind as well as the issues that are unique to your setting can assist you in designing, implementing, and maintaining support for young children with special needs and their families.

Indicators

As you review your program's administrative structure and needs, you may want to consider the statements below. Those issues you do not check may need further study by you, other district administrators, program staff, and parents.

__ Are you aware of a variety of funding resources for your program?

__ As the administrator, do you write grants for basic and/or supplemental funding?

__ Do you have a "pre-written" grant in a desk drawer for quick turn-around opportunities?

__ Is there another staff member in your agency or program who is responsible for writing/assisting/coordinating grant writing?

- ___ If there is one, do you use that individual to assist you?
- ___ Are you in touch with information sources that keep abreast of the current legislation and regulations in the area of service delivery to young children with special needs and their families?
- ___ Does your agency or program subscribe to any of the newsletters and/or government publications which detail legislation, rules and regulations, and requests for proposals?
- ___ Do you have access to those publications or do you have someone reviewing them for you?
- ___ Have you developed a service delivery model based on previous research and the needs of your community?
- ___ Have you identified a network of individuals who are working with young children with special needs and their families?
- ___ Have you established contacts with other service providers in your community?
- ___ Do interagency agreements between your program and other programs or agencies exist?
- ___ Does your staff represent an interdisciplinary team?
- ___ Is staff scheduling flexible to meet all program and family needs and to allow staff to meet their varied responsibilities (for example, parent meetings, planning and ongoing staff development).
- ___ Is time built in for team building activities -- time to learn from and teach one another?
- ___ Are the physical facilities adequate for the program?
- ___ Are materials and equipment adapted for the special needs of young children?
- ___ Is the environment safe (at both home and center)?
- ___ Are special and routine medical procedures posted for easy access?
- ___ Have unique transportation needs of very young handicapped children been addressed?
- ___ Are you an active member of the larger administrative team within your agency?
- ___ Is your program systematically collecting evaluation data on child progress, cost-effectiveness, parent satisfaction, and staff development?
- ___ Is the evaluation data being shared routinely with decision-makers in the system, staff, and parents?

Staff Development

The most important aspect of any program is the people who comprise that program. Good program models and philosophies must be developed and implemented by individuals working together to realize those goals. Research has shown that ongoing staff development and supervision is more important than the entry level skills of the staff. In early childhood special education programs this is a crucial issue, since this is a relatively new field with constant developments and there are few established training programs in the field available to provide the background necessary for serving very young children with special needs and their families. Most staff members have "learned by doing" and have upgraded their knowledge by attending inservices and conducting independent studies. Their individual knowledge and skills are not enough, however. Staff members must work as a team to provide the highest quality services to children and families. This can be demanding and stressful work, and the mutual support of staff members becomes an important issue. The selection, development, interaction and support of a staff can make or break a program. Each program will have its unique blend of the program demands, staff skills and individual personalities. The balancing of these components makes this dimension of the program a real challenge.

Staff Selection:

Hiring staff members is the first step in developing a program. The skills and qualifications necessary for personnel working in early childhood special education programs differs from those required of staff working with older children. Although people interviewing for a position will most likely not have all the requisite skills or background, there are some key questions that the interviewer may need to think about.

* Does the individual have experience in working with young children?
* Does the individual have experience and sensitivity in working with families?
* Is the individual willing to work as a team member?
* Is the individual flexible and willing to adjust to the demands of the program?
* Does the individual have experience working with young children with handicapping conditions and/or brings a particular specialty skill to the program (for example, physical therapy, occupational therapy, speech therapy, family counseling, or special education)?
* Is the individual comfortable with the program model and philosophy and willing to implement it?

There are additional concerns in selecting new staff members for home-based programs. Home visitors must be comfortable working in a variety of home settings with different social and economical conditions, cultural norms, and value systems. Staff members should reflect or at least be sensitive to the linguistic, cultural and ethnic background of the families with whom they are working.

Home-based teachers will need to be flexible and yet engage in a great deal of advance planning. They must work independently and yet be able to ask for assistance from other staff members, since they will be working with children with a wide variety of handicapping conditions. Home-based staff members spend much of their time working with adults, so that their background should include experience in working with families and with professionals from other community agencies.

A clear description of the program including the population served, program model and philosophy, parent component, and curriculum approach will assist in clarifying applicant expectations. Job descriptions and competencies for each of the various program positions provide a structure for developing and clarifying appropriate roles.

Ongoing Staff Development:

Once staff members are hired, the further development of their skills is important. Comprehensive planning for staff development is a continual process and should be built into the overall program structure. It is a part of each individual's professional responsibility to continually keep up with current trends and developments in their fields, for their own individual growth as well as for overall program quality. Opportunities for program generated staff development on an ongoing basis should be supplemented with trainings from outside the program (conferences, etc.), whenever possible.

Staff development should be approached in a holistic manner, just as we work with the total child. Needs assessment of staff members can be conducted to

determine common areas of interest and prioritized to plan staff development activities for the team. Again, as in programming for children, there can be opportunities for both individual and group activities to meet the needs for continuing staff development.

Preservice training, conducted at the beginning of each program year, can be an organizing and exciting staff development activity. New staff members can be oriented and integrated into the team. A review and reaffirmation of the program goals and objectives, model, and philosophy can provide a framework from which to work during the coming year. Selected topics of interest and/or invited speakers can also start the year with a stimulating focus and challenge.

Ongoing staff development activities may take many forms. Group problem solving on various difficult issues, discussions of case studies of children and families, and program planning and materials development may provide a focus for weekly staff development meetings. Other more specific topics may be addressed by an ongoing class (for example, learning sign language or Spanish). Staff retreats provide an opportunity for intensive staff development in a pleasant environment without the usual day to day distractions and can allow the staff to focus on particular topics of interest. Visiting other early childhood special education programs provides opportunities to examine other program models and implementation strategies. In comparing and evaluating different programs, new ideas, techniques, and materials can be observed and/or learned. A committee may be formed to assist in developing a comprehensive plan for staff development. This committee may also be active in arranging and carrying out various staff development activities.

Staff supervision is essential to a well coordinated program. Feedback on individual performance can be a valuable tool for staff development. Staff evaluations conducted by self-review, peer review, and/or supervisor review provide information on needs for further training. Those needs may include personal growth topics, interpersonal skills, or specific content area skills. Plans for improvements or development of selected skills can be formulated at regular intervals—for example, at periodic staff evaluations. Ongoing supervision and feedback to staff members on a regular basis provide both positive feedback and constructive criticism which are not crisis related nor so formal and infrequent that they lose their meaning. Honest, direct input on the functioning of the individual in his/her professional roles and as a team member assists in improving staff performance. Ongoing staff supervision has been identified as one of the primary determinants of successful, quality programs for young children with special needs and their families.

STAFF INTERACTION

Working as a Team: The team approach is an essential component of good early childhood special education program. There are several views on how teams should be organized, and each program must choose the teamwork model that best meets their needs. The combining of expertise from the variety of specialists working with young children with handicapping conditions and their families is important and requires some special attention.

One model for teamwork which has been proposed is the "transdisciplinary" team approach. Although this model is similar to multidisciplinary and interdisciplinary teams in that it combines the expertise of several disciplines working together, it differs in several respects. Transdisciplinary teamwork involves the crossing of disciplinary boundaries and the sharing of expertise, so that all team members are sensitive to and knowledgeable of the professional perspectives of other team members and can incorporate those understandings into their work with the child and family.

Building a good team involves work, as in any other type of interpersonal relationship. Transdisciplinary teams have additional requirements. Each team member must have mastered their own professional discipline. They must be able to communicate and teach aspects of their own skills to other team members. They will also be learning from other team members so that an openness and willingness to learn new skills, as well as to share their own expertise, is necessary. In this way, their roles on the team will be continually enriched.

On transdiciplinary teams, there is often a primary case manager assigned to each child and family. Case managership should be determined on the basis of the child's needs and expertise of the team. The case manager will be the primary person responsible for carrying out the child's program, with input from other team members. This responsibility of the case manager also entails accountability on the part of the rest of the team to ensure that they have provided adequate training to other team members and that their recommendations are carried out appropriately.

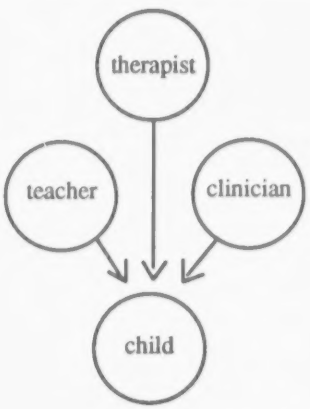
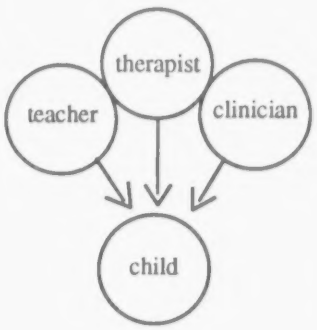
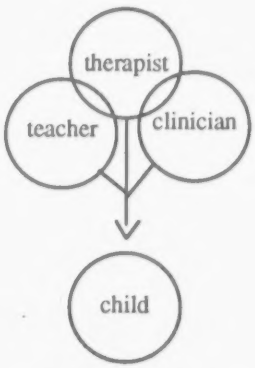
In center-based programs, it is a preferred practice to have team members work in the classroom and integrate their services into the ongoing program. For example, a speech therapist working on feeding and oral motor skills

might find it most appropriate to work with the child during snack or lunch. Working in this "natural" environment is a more appropriate way to provide therapy, while, at the same time, other members of the team can learn the techniques and utilize them if the speech therapist is not available. This ensures that the child and family's program is delivered consistently and on an ongoing basis. The specialty therapist who provide related services in the classroom are more likely to feel a part of the team in this service delivery model.

Teamwork in home-based programs differs from center-based programs in that specialty therapists act as consultants to home visitors. They may go on home visits with the teacher as necessary, to demonstrate particular techniques, consult with the family or observe the child.

One additional aspect of working on a team needs to be mentioned. Conflict is an inevitable and human process which occurs in any interaction. The management and resolution of conflict can be a creative growth process or a destructive experience, depending on how it is handled. The most important basis for successful conflict resolution is a basic trust and open communication which will promote coordination and cooperation.

Teaming Models

		
Multidisciplinary Approach	**Interdisciplinary Approach**	**Transdisciplinary Approach**
Each professional instructs the child separately. Information is exchanged among staff members during formal meetings. Everyone works independently. Individual plans may or may not reflect a group consensus.	Professionals may work with child in the same environment but they stick to their "defined roles." Each staff member fulfills designated responsibilities when it's his or her "turn." Group decisions and recommendations may occur but the staff's roles determine who carries out those recommendations.	Professionals exchange information and train each other in their areas of expertise. Thus, they are able to integrate their roles and plan to provide broad exposure for both children and staff, and facilitates a more productive use of staff time. This approach requires more staff time.

Wisconsin Department of Public Information
From: Teaching Early Childhood, Exceptional Education Needs: Ten Resource Modules, 1979.

Other Important Team Members: A number of other people, not commonly thought of, are also responsible for making a successful early childhood special education program. The members of the support staff—the secretary, bus drivers and janitors—have very important functions and should be recognized for their contributions. Secretaries interface with the public and are often the first people to interact with families. Their manner in greeting the public, in representing the program, and in dealing in a sensitive manner with distressed families is crucial and may be as important as their secretarial skills.

In center-based programs providing bus services, the drivers must be competent to deal with young children with a variety of handicapping conditions. Fragile toddlers with seizure disorders or other life threatening illnesses create an awesome responsibility for drivers. Inservice for these personnel on various safety or emergency procedures is essential. Bus drivers also are knowledgeable about the child's family, home environments and other circumstances and may provide valuable insights into a child's behavior (if their observations are requested and respected).

Janitors and other maintenance staff are assets to a program. Often, however, early childhood special education programs can be a puzzle to these staff members, who may wonder how young children can get things so dirty in just three hours. Building good rapport with the housekeeping staff can assure the cleanliness and safety requirements of programs for young children, as well as developing potential new advocates for your program. Staff development activities which educate these support staff members on the program model and philosophy can establish these staff members as part of the team. Specific training on safety and emergency procedures should also be provided to these personnel.

In addition to these paid staff members, the wise use of volunteers can be an important addition to any program, particularly in these times of cutbacks. The families of children in the program are frequently used to assist in the classroom program. Volunteers can also be recruited from a number of sources and include college and graduate students and interns, women's auxiliary groups, volunteer organizations, foster grandparents, high school child development classes, etc. It is important to provide an initial orientation to the program, including training and clearly stated guidelines for volunteering in the classroom. These guidelines can prevent problems from occurring such as breach of confidentiality or asking about or discussing a child's handicap in front of the child and/or parent. With well trained volunteers and parents in a classroom program, the amount of individual instruction time can be better focused and the program will be augmented.

STAFF SUPPORT

The field of early childhood special education has its own unique and challenging aspects which make it both exciting and draining. Many human service programs are concerned with staff burn-out, and such stresses may be very intense in early childhood special education programs. How do home teachers deal with the family stress of a seriously ill family member or other family crises particularly if the family depends on that staff member for support? How do staff members deal with the death of a child? How do staff members handle child abuse and neglect situations? What coping skills do you need when you are working as hard as you can, yet your program is continually threatened by funding cuts? The mental health needs of people in the helping professions have come to the forefront in recent years, and a recognition of this stress and strategies for dealing with them have emerged.

Staff support meetings on a periodic basis, where just such topics are discussed, can be established. These meetings can take place in a group or individually, particularly if the program has mental health consultants on staff. Cooperative arrangements can be made with mental health programs to provide information on dealing with families in crisis, in exchange for providing inservice on child development and handicapping conditions. Techniques for stress management can be established as a part of the staff development agenda. Establishing a climate where the individuals feel supported and valued is the bottom line.

Staff support takes on another dimension when we look at how to deal with staff absences or emergencies. The value of a team is particularly evident in such situations when other team members can cover for the missing person. Such mutual support within a staff is important to maintain a high level of productive teamwork. Conflict arises most often during periods where there is change, uncertainty, or stress.

Internal staff support can be augmented by supportive interaction with other programs for young children and their families. Often staff members feel isolated and do not realize that other programs experience the same challenges and frustrations. The sharing of mutual problems and solutions can be a valuable tool for staff growth and support (similar to the dynamics of a parent group). Contact with other programs expands a staff's knowledge of skills, techniques, materials and strategies

so that programs are not continually "reinventing the wheel." This networking can facilitate utilization of resources and a groundwork for advocacy efforts in promoting early childhood special education.

Key Indicators:

The following statements are designed to assist you in evaluating and improving your program's staff development, teamwork and staff support.

- ___ Staff members are hired based on training and experience in early childhood education, special education and working with families.
- ___ A clear description of the program model and philosophy is provided to all staff.
- ___ Job descriptions and overviews of the roles and responsibilities for all staff positions are written and available.
- ___ A comprehensive staff development plan is made yearly.
- ___ Staff development needs are assessed periodically.
- ___ Preservice training activities are conducted at the beginning of each program year.
- ___ The program uses a variety of approaches to provide for staff development (e.g., inservice training, conferences, special interest groups, etc.) to upgrade the skills of personnel working with young children with handicapping conditions and their families.
- ___ The program provides for regular staff meetings and regular staff planning time.
- ___ Staff supervision is provided on an ongoing basis to give feedback to staff by supervisors familiar with the techniques of early childhood special education.
- ___ Objective criteria are used in evaluation of staff performance (e.g., competency check list).
- ___ The program orients all new staff members (including professionals, paraprofessionals, parents, volunteers, etc.).
- ___ The program utilizes a team approach consistent with its program model and philosophy.
- ___ Specialty therapists observe and participate in the ongoing classroom program in order to integrate their therapeutic activities into the child's total educational and therapeutic program.
- ___ Support staff receive an orientation to the program and inservice on emergency and safety procedures.
- ___ Volunteers are utilized to increase the adult-child ratio.
- ___ Guidelines for classroom observation and participation are provided for visitors and visitors.
- ___ Staff members have opportunities to discuss stressful aspects of their jobs and to develop coping strategies for dealing with them as a group and/or individually.
- ___ Opportunities are provided to observe other programs and/or meet with their staff.

REFERENCES

For further readings on models of teamwork, see:

Allen, K.E., Holm, R.L., Schiefelbusch, R.L. (Eds). Early Intervention: A Team Approach. Baltimore, MD: University Park Press, 1978.

A Resource for the Transdiciplinary Process. Staff Development Handbook. New York: United Cerebral Palsy Associations, Inc., 1976.

Environmental Design

Learning environments for young children with handicaps should be designed with the needs of young children in mind. By and large, children with handicaps do not require classroom arrangements or materials that are different than those that would be used for all children. But it may be necessary to modify and adapt facilities, equipment and materials so that the child with special needs has the maximum opportunity to explore the environment and use materials independently.

GENERAL CONSIDERATIONS FOR ENVIRONMENTS FOR YOUNG CHILDREN

Environments for young children should facilitate learning and development in many ways. Program planners should evaluate the environment for the extent to which it supports program values:

* Encourages play.
* Stimulates the child's senses.
* Nurtures the child's curiosity.
* Allows interaction between the child and learning resources.
* Allows interaction between the child and other children.
* Allows interaction between the child and adults.
* Supports the child's basic physical and social needs.
* Compliments the cognitive forms of play utilized.
* Compliments the social forms of play.
* Promotes social and intellectual development.

It is important to remember that wonderful learning environments often exist without modern buildings, fancy furniture, or expensive materials. Important components of a learning environment for young children are listed below.

Space: Indoor and outdoor space should be sufficient and appropriate for the necessary program activities and for such support functions as may be conducted on the site (offices, kitchens, custodial services, etc.). While licensing standards may vary, programs should provide at least 35 square feet of indoor space per child (exclusive of bathrooms, halls, kitchen, storage areas, cribs, feeding and changing tables), and at least 75 square feet per child outdoors in a self-contained area.

Health and Safety: Indoor and outdoor areas should be kept clean and free of hazardous material and conditions. Flammable and toxic materials should be avoided and/or stored in locked cabinets or storage facilities. Fire extinguishers should be readily available, routes to exits clearly identified, and plans for emergency evacuation posted and familiar to staff and volunteers. Heating and electrical outlets should be shielded so that children are protected from shocks and burns. Debris should be cleared from play areas on a daily basis. At regular intervals program personnel should check to make sure that equipment is in good repair and is free of splintered surfaces, sharp or protruding edges, loose or broken parts. Outdoor spaces should be enclosed to prevent children from leaving the premises and getting into unsafe and unsupervised areas such as traffic, swimming areas, etc. In programs for young children, paint coatings on the premises should be evaluated for toxic substances such as lead. Programs for infants and toddlers should maintain clean floors and equipment because young children spend much time on the floor and have a tendency to examine objects by putting them in the mouth.

Equipment and materials: Furniture, equipment and materials should be selected with the size of young children in mind and should be geared to the age, ability and developmental needs of young children. Child-sized tables and chairs should be provided. Programs may also wish to install plumbing fixtures (toilets and sinks) that are smaller in size and lower to the ground so that children may use them independently. Where this is not possible, ramps or steps may be constructed to facilitate children's access.

Many different types of equipment and materials should be selected, assembled or made.

Sensory materials to experience small, taste, touch, sight and feely boxes, smell bottles, stuffed animals, mobiles, shaker bottles, sand and water play.

Manipulatives to improve fine motor, perceptual, and cognitive skills (matching, sorting, classifying, sequencing, etc.); puzzles, pegboards, blocks, beads, construction sets, spoons and forks, buttons, plastic figures and animals.

Dramatic play materials help children to re-enact and express their feelings about what they see happening at home or in the community. Child-sized furniture

(stove, refrigerator, sink, table and chairs, bed, mirror, ironing board), dress up clothes, dishes, pots and pans, silverware, bedding, dolls, doll clothes, telephones, mops and brooms are just some of the everyday items young children use in play. Dramatic play can include settings other than a home - grocery store, beauty shop, garage, restaurant, doctor's office or any other setting. Changing the dramatic play area provides interest and allows children to have experiences in many different settings.

Books and library materials include more than a selection of books on shelves. A corner of the room equipped with a rug, some pillows, a bean bag chair, and a rocking chair will provide a quiet, cozy place for looking, listening and resting. Pictures, posters, books and objects can be very inviting. Puppets and magazines are a nice addition. Stock equipment usually includes a record player, a tape recorder, flannel boards and viewmasters or stereoscopes.

Art materials provide children with the opportunity to explore a variety of materials, develop skills with tools, carry out ideas and solve problems as they draw, cut and paste, paint and manipulate textures. Art materials such as painting, collage, cutting and pasting can be used in an open-ended way or they can be product oriented and designed to achieve specific objectives such as recognition of color, texture, or shape.

Motor equipment: Large muscle activities usually take place outside, but can be included indoors to a limited degree. Some of the important items include riding toys, rocking boats, walking boards/balance beams, mats, cardboard crawling tubes, bean bags, and a rope.

The above are examples of the kinds of materials you may want to take into consideration in stocking your preschool classroom.

Other considerations in environmental design include the following:

Arranging Space: Many kinds of activities take place in the preschool classroom: quiet, noisy, active, still, large group, individual. The preschool environment needs to be planned to accommodate all of these activities. Most preschool classrooms are arranged into areas, sometimes referred to as learning centers. Organizing the environment into learning centers provides the child with a variety of learning opportunities in settings that offer props and equipment to facilitate learning. Typical learning centers include block area, art center, dramatic play area, library or book corner, manipulative area, and a group or rug area. Arrangement of areas in a room may be made for structural reasons. For example, the art area may need to be near the sink. For functional reasons, room arrangement is also important since a quiet activity is difficult to carry out next to a noisy one. While it may be important to have the room open so that concurrent activities can be readily supervised, some areas may need to be more closed to allow for quiet or individual learning times with a teacher or therapist.

Outside Play Environments: Outdoor play environments are as important to preschool programs as indoor environments. Playgrounds offer opportunities for more active play than is usually possible indoors. Playgrounds for young children are usually self-contained and fenced to ensure the safety of the children - either from the more active play of older children or from hazards like cars, animals or dangerous terrain. Playgrounds usually include a hard surfaced area for games or for riding wheel toys, sand and sand equipment, dramatic play structures, (i.e., play house, old car or boat), climbing structures, mounds of earth, trees and natural areas, water play areas, grassy area, equipment for active play (i.e., slide swings), a covered play area that is transitional from indoors to outdoors and an adequately protected/secure storage for equipment and materials.

Home Environments: In home-based programs, the primary learning environment is the home. In these programs, staff do not have control over establishing and maintaining the child's learning environment. Through their work with families, however, the home visitor can suggest ways to make the home environment safe and facilitate learning. Burns, falls, cuts, electrical shock and poisoning are major hazards that may be found in the home. A review of common safety hazards with the family or an assessment of the home can create greater safety awareness. Awareness of what to expect from children at different ages may also enhance safety awareness. Some other things that home visitors may wish to explore with parents are:

* The kinds of toys and objectives found in the home that stimulate development
* Toys that are age- or developmentally-appropriate
* Proper use of special equipment that may be available to meet the needs of children
* The level of visual and auditory stimulation in the home
* The value of exploration of the environment for children's learning
* Modifications to the environment that may allow children greater freedom of action
* Making toys or using common objects in the home to facilitate learning and development.

ADAPTING THE ENVIRONMENT FOR YOUNG CHILDREN WITH HANDICAPS

While all programs for young children need to be adapted to meet individual needs, programs for young children with handicaps may require some specific modifications to the facilities and equipment which remove barriers to learning. Most handicapping conditions require children to work "overtime" to utilize the learning resources in their environment. It is for this reason that programs for children with handicaps seek to identify obstacles to learning and to find ways to facilitate children's involvement in the learning process. As a general rule, it is better to adapt materials to the needs of the child than to make the child change. Children are very creative at finding their own adaptations, and we can learn these optimal modifications by talking with the family and observing the child. Staff should be sensitive to the ways in which each child successfully engages in difficult activities.

Children with cognitive, communication and social/emotional impairments usually do not require special modification of facilities or equipment. Selection and use of the classroom can encourage learning and desirable behaviors. Children who are emotionally disturbed may have greater needs to feel safe or enclosed and have clearly defined limits in their learning environment.

Listed below are some kinds of adaptations that one might wish to consider for children with sensory and motor impairments.

Sensory Impairments: Children with hearing or visual losses need a wide variety of multi-sensory cues. Not only is it important to provide information through alternate sensory channels, but also to capitalize on residual vision or hearing. The environment should be tailored to meet the needs of the children and gradually enriched throughout the year. Children should be oriented to the features of the environment and changes should be pointed out.

For hearing impaired children, it is important to provide a wide variety of multi-sensory materials and experiences. Good lighting is important. Noise level is also important to control as children with hearing aids may have difficulty discriminating sounds. Carpets, drapes, and acoustical tiles are all good sound absorbers.

Motor Impairments: Special considerations for children with motor impairments fall into three categories: accessibility of facilities, adaptive equipment, and modification of play materials.

Programs receiving federal funds are required to have accessible facilities. Areas to assess in facilities include parking, entrances, doorways, bathroom, meeting facilities, and door surfaces, etc. Within the classroom it is important to provide adequate floor space to turn and maneuver wheelchairs. Rugs should be tacked down, passages between areas should be unobstructed and materials should be placed at a level such that children can have independent access.

There is a wealth of adaptive equipment available for children with motor impairments. In early intervention programs, the most commonly used types of adaptive equipment are those that enable children to sit, stand, and lie with appropriate support, such as prone standing tables, abductor seats, and wedges. Communication boards and table top display stands are also considered adaptive equipment and enable the child to communicate wants and needs and utilize two dimensional learning materials. Self-help aids are readily available from commercial distributors and include specialized utensils, cups and dressing aids.

Most materials in the classroom can be simply modified to meet the special needs of children with motor impairments. For example, rubber mats keep manipulative toys from slipping on table surfaces and knobs on puzzles and tabs on zippers make grasping a little easier. They can be raised on blocks or lowered with a saw. Straps, velcro, hammers and nails can be used to modify most equipment for children with motor impairments. For simple ideas for modifications and adaptations, consult an occupational or physical therapist.

In designing environments for young children with special needs, it is important to keep in mind that children with handicaps need not be handicapped by their condition. Environmental design should reflect not only structural modifications, but must also be based on positive valuing of young children's abilities and potentials.

> "In doing research for the design of play facilities..., I have had the opportunity recently to observe handicapped children at play. The most important result of my study was the discovery that the play of exceptional children is in most ways identical to that of normal children. This is not to say that

handicapped children face no obstacles in using a playground..., but the primary fact remains valid: to the extent of their abilities, their play follows the same patterns as that of normal children; it serves the same function of expanding their experience of understanding of the world, and it affords them the same potential for enjoyment and expression."

Richard Dattner, A.I.A.
Design for Play

INDICATORS

As you review environments for young children with special needs in your program, you may want to consider the following statements. Those areas you do not check may need further attention.

__ The environment is designed to maximize the child's opportunities to explore the environment and use materials independently.

__ The facility provides easily accessible toilets, sinks, drinking fountains, and outdoor play areas which are safe and free of architectural barriers for young children with handicapping conditions.

__ The environment provides indoor and outdoor space for individual and group play/instruction of young children.

__ Indoor and outdoor areas are clean and free from hazardous materials or conditions.

__ The environment includes appropriately-sized equipment (tables, chairs, potties, playhouse, etc.)

__ The environment is adapted to meet the needs of children with sensory and/or motor impairments, as appropriate.

__ The environment includes a wide variety of stimulating materials, including sensory, manipulative, dramatic play, art, motor and library materials.

__ Staff time and resources are provided to develop instructional/therapeutic materials and equipment.

__ The facility provides space for parent activities.

__ The facility provides adequate space for supplemental services.

__ The facility provides adequate office space for staff.

__ The facility accommodates parent and visitor observation of the program.

Health Concerns

Health and medical issues are an important component of early intervention programs. Close coordination of medical, educational, and social service providers is essential to the provision of high quality services for young children with special needs and their families.

The focus of this chapter is on the impact of the child's health and medical status upon his/her growth and development, the need to bridge the gap between medical, educational and social service professionals and the importance of planning and carrying out coordinated programs that address the child's special medical, therapeutic and educational needs and the needs of the total family.

The growth and development of young children is strongly influenced by their state of health. The impact of health issues is of particular concern with young children with handicapping conditions. Children who are frequently hospitalized may miss the normal opportunities to explore and learn from their environments during this period of rapid growth and development, which may result in developmental delays. Children with specific handicapping conditions may also develop associated health or medical problems.

Children with health and medically related disorders are now being identified more frequently by health care providers and referred to early intervention programs. In addition, medical advances which enable us to save the lives of babies born with severe medical problems have increased the number of children who are then served in infant programs. The health care needs of young children with special needs are unique and require new skills for early intervention professionals.

Many professionals working with the very young child, as well as the parents of these children, recognize the need for coordination between the social, medical and educational aspects of the child's programs. For many children with handicaps, there are significant medical, nutritional, and/or neurological considerations that strongly influence their ability to interact with and learn from their environment. Awareness of these considerations may significantly enhance the efficacy of intervention.

Medical diagnosis and its implications: Early childhood special educators will need to familiarize themselves with some of the more common processes used by medical practioners to investigate and diagnose a child's health and medical status. Knowledge of these processes will help the early intervention team to understand what the child and parent have undergone and, at times, to clarify the finding for the parents. The school nurse or public health nurse may be an excellent resource during this process. In addition, some handicapping conditions, such as Down's Syndrome, are often accompanied by medical problems.

Exchange and clarify medical and educational terminology: Early intervention program staff and others working with young children with special needs need to become familiar with two specialized languages: the jargons of the medical and educational fields. Early childhood special education professionals will need to familiarize themselves with medical and therapeutic jargon to communicate more effectively their strategies and perspectives to medical specialists. The need to translate this jargon into understandable English for the families is imperative. For non-English speaking families, translating this presents a major challenge. Medical or nursing consultants may provide valuable assistance in this communication among team members and parents.

Incorporating health and nutritional needs into the overall educational curriculum as well as the IEPs for each child will produce a more comprehensive and meaningful program for the client. This includes incorporating into staff and parent training information and resources on what to do in the classroom if a child has a seizure, an episode of shortness of breath, or a severe asthma attack. Access to a nurse or doctor, first aid training, and a general pediatric health reference are also valuable resources to both staff and parents.

Developing a team approach either on an ongoing or consultant basis is imperative in order to enhance coordination and communication among various service providers. Some ideas for creating or enhancing a team approach are common staff space, regularly scheduled team time, discipline or topic specific inservices, in-classroom therapy, teacher visits to individual therapy sessions, frequent review of individual program objectives and regular staff social time.

Including the school nurse or public health nurse and other health care providers as members of the team will assist the staff in dealing more effectively with the health

concerns of the children in the program. Also, remember that a child's physician or health care provider is not routinely invited to all IEPs meetings and may have limited time to attend. Such invitations are usually left to parental discretion. Whenever possible, it is recommended that the primary health care provider for children with handicapping conditions be invited (with adequate notice) to attend the child's IEPs or staffing. If they are unable to attend, summaries of such meetings can be provided to inform the physician of the outcomes of the meeting.

Familiarity with commonly associated health and medical problems related to the major handicapping conditions provides a common framework of knowledge that early childhood special educators will find helpful. It is important to supplement this information with the most current medical information on the child, so that an appropriate individualized program can be developed.

The ability to prepare children for medical/therapeutic procedures and explaining these procedures to the other children is a skill educators will want to develop. Talking about, acting out, and playing out such things as how it feels to be hospitalized, to have a special exam, or visit the doctor, are activities that, with practice, can easily be incorporated into the regular classroom practices. Parents may want to incorporate such activities into a family activity, so that siblings and other family members are also prepared.

Other administrative concerns relating to liability insurance for staff members, parent authorization for medication or special procedures, documentation of accidents at school, changes in the child's health status and other types of reporting will need to be considered and incorporated when necessary into the school program. Legal and technical assistance can often be obtained through other local agencies who have dealt with these issues in the past.

Knowledge of the purpose and use of special equipment, such as prosthetics, will help teachers handle and relate to the child more easily. Fear of the unknown is often the major obstacle towards involving a child with medical problems in an activity. This fear can often be substantially reduced if the teacher is instructed and initially assisted on the purpose and care of any special equipment the child may need.

Coordination with medical professionals. Many young children with handicapping conditions and their families require both specialized medical services and ongoing medical supervision. Locating appropriate medical services, particularly specialized services, from physicians who are familiar with the unique needs of young children, as well as the special needs of children with handicapping conditions is no easy task. It is important to remember that regardless of the child's handicapping condition, we should strive to maintain the child's health to promote optimal growth and development.

Specialized resources for genetic, neurological, orthopedic, dental, opthamological, and audiological diagnosis and treatment are necessary to adequately serve infants and preschoolers with exceptional needs. Programs may want to compile a resource file, including listings of specialized medical services. This resource file might provide space for notes on whether the physician has had experience with young children and/or children with special needs. Parents may add additional input on their satisfaction as consumers with the services they received.

It is also important to assure that children's sensory systems are intact. Screening and assessing vision and hearing of all children in the program is essential and requires close coordination with health care professionals. Corrective aids such as eye glasses or hearing aids should be prescribed as early as possible and can make a major difference in the child's functioning. It should also be recognized that such sensory losses may be present even though this is not the child's primary diagnosis. For example, many children with Down's Syndrome have hearing losses which affect their language development.

The child's primary health care provider is a very important person in the child's live. Children with handicapping conditions may be at risk for a variety of health problems such as chronic infections or anemia. They may also have lowered resistance and be susceptible to any passing cold or flu. Ongoing follow-up is particularly important for children who are on medication.

Early childhood special educational program staff may want to contact local physicians and medical specialists and work cooperatively with them. Informing them of your program, its purposes, services provided, population served and efficacy will enhance effective future interactions. For physicians of children in your program, you may want to make extra efforts to inform them of the child's progress, as well as gather information from them. Communications must be two-way, and it is important to let the physician know that you have something to offer and that you also value their information. This professional exchange of information can broaden both our education and the physician's.

Nutrition: One of the most basic activities in our daily lives is eating food—one that we take for granted. With infants and young children with handicapping conditions, the usual pleasurable feeding time may become a major struggle. Some children have poor appetites or dislike foods with texture. Other children with neuromotor problems will have feeding difficulties related to their poor oral motor control. These children may have a limited food intake, resulting in inadequate nutritive status. A high percentage of infants and preschoolers with special needs are anemic. This nutritional lack may compound their health problems and/or developmental delays.

A major focus for many infant development programs serving children with neuromotor delays is an in-depth feeding program. Specific techniques to develop oral motor coordination and inhibit abnormal reflexes are critical, not only to the basics of feeding and nutrition but also to pre-speech development. Feeding and nutritional or health consultants who are familiar with the unique needs of young children with handicapping conditions become valuable resources for the early intervention team. Family involvement in feeding programs is essential and parents who have had previous experience may be able to assist staff and new parents, based on their considerable experience.

Communicable disease control. In working with medically vulnerable infants and preschoolers, particularly in group settings, precautions must be taken to prevent communicable diseases. For the protection of other children, parents and staff, services to children with infectious diseases may need to be home-based or precautions may need to be taken in the center setting.

Young children with handicapping conditions may have lowered resistance and may be prone to various contagious illnesses which can be dangerous. Local public health departments or a staff nurse consultant may provide resources and guidelines for controlling such communicable diseases. Staff should to develop guidelines for dealing with such illnesses.

Staff development related to health concerns: The staff development component of early childhood special education programs (see Staff: Development, Interaction and Support section) plays a major role in meeting the health and medical information needs of the program staff. During preservice trainings all staff should be provided orientation on basic procedures such as emergencies, medication, illness, contagious diseases and accident policies. Such information should also be presented during orientation of parents and volunteers. However, posting information in critical places in the center is recommended so that during emergencies the correct procedures will be followed.

Regularly scheduled inservices should include such topics as nutrition, feeding techniques, preparing children for hospitalization and special equipment. Shared inservices between health professionals and early intervention staff can provide valuable information for health care providers on early intervention as well as specific medical information for the early childhood special education staff.

It is important to recognize that parents have a great deal to teach staff and other parents based on their experience with the medical aspects of their child's disability. Utilizing parents as a resource for this and other program components can greatly enhance a program.

Team building for smooth functioning is a continual ongoing process. However, teamwork is particularly important for programs serving medically-fragile or medically-involved children, so that everyone knows what to do if "Johnny" has a seizure, "Angela" turns blue, or "Ralph" stops breathing.

Staff meetings which focus on particular children can involve all team members, parents, and the primary health care provider. Such staffings can provide a useful forum for exploring health related issues, specific information on the child's medical condition and monitoring of treatment procedures.

KEY INDICATORS

The following statements are designed to help you look at the strategies you use in dealing with the health and medical concerns of the families you serve.

- ___ The program gathers complete information regarding the child's diagnosis, the diagnostic procedures and the implications of the diagnosis.
- ___ If necessary, the program translates medical and educational jargon to parents, to assist parents in understanding the diagnosis.
- ___ The program integrates health and nutritional needs of children into the ongoing program so that children are not left out of the daily activities.

— The program uses a team approach in the delivery of services to children.

— The program invites medical personnel to children's IEPs, keeping in mind the time constraints of medical personnel.

— The program helps to prepare children for hospitalization or other medical/therapeutic procedures.

— The program has policies that relate to health concerns (insurance, documenting accidents, medication procedures, accidents and emergencies).

— The program provides information and procedures for assisting with special medical/adaptive aids used by children in the program (prosthetics, colostomy bags, trache tubes, hearing aids, etc.)

— The program has a resource list of physicians and specialists who work with young children with special needs.

— The program provides information regarding its model, services, etc., to the medical care providers in the community, through brochures, community presentations and individual contacts.

— The program coordinates with/and requests information or inservice from medical providers in the community.

— The program provides parents and staff with information on nutrition and feeding.

— The program conducts staff development activities which meet the information needs of project personnel regarding the health concerns of young children with handicapping conditions and their families.

— The program utilizes parents to instruct staff in specific techniques for specialized feeding, handling and management of their child.

Program Evaluation

Guidelines for evaluation of early childhood special education projects are organized into the following sections: deciding to evaluate, evaluation planning, staffing, measurement, design, and analysis.

Deciding to Evaluate

Decisions on if, when, and how to evaluate an early intervention project might be conceptualized as a developmental process. During the initial states of development, the primary emphasis should be on model definition, development of a program philosophy to guide the program's goals and objectives, description of services, formative evaluation, and process evaluation. All programs conduct some type of evaluation activities as they monitor the ongoing progress of individual children in their project. During the initial stages of a new project, formative evaluation activities which assist projects in determining what works and what doesn't should be conducted through formal or informal means. These might include daily debriefing of classroom activities or written reports describing outcomes for different models of home visits which can be compared and evaluated. Projects should also conduct client satisfaction surveys in order to determine if they are meeting the needs of the children and families they are serving. These types of evaluation activities can be done by almost every project and provide valuable data for program improvement.

Evaluation of projects outcomes or impacts is a more complicated endeavor, and, if a high quality outcome evaluation is desired, project readiness should be determined. One method of determining the ability of the program to conduct such an evaluation is the concept of evaluability assessment (Rutman, 1980). Projects must consider whether their model is sufficiently defined with clearly-stated goals and objectives and plausible, causal linkages between the project activities and desired outcomes. Projects should also consider whether adequate resources are available to conduct such an evaluation, including appropriate measures and design strategies. In addition, projects should take into account the need for adequate staff time, expertise and funding. If these conditions are present and adequate resources are available, projects have a much higher likelihood of conducting a high quality evaluation.

Planning

Evaluation is most easily implemented when it is designed into the project from the beginning. Planning provides the focus for all later activities, and is a critical aspect of any evaluation. Projects should specify the purposes for conducting the evaluation, the evaluation audiences, and the questions to be answered to meet the information needs of the evaluation audiences.

A variety of evaluation audiences and their information needs should be considered when planning the evaluation, including funding agencies, other professionals, staff, and parents. Although these are critical audiences to be addressed, projects may also want to consider legislators and other decisions makers as potential evaluation audiences, and provide data or summary reports for advocacy purposes.

An excellent resource for guiding evaluation planning is provided by Suarez (1979, 1982) in A Planning Guide for the Evaluation of Education Programs for Young Children and Their Families. This guide was developed to assist HCEEP model demonstration projects in planning their evaluations. It is suggested that programs develop written evaluation plans which specify roles and responsibilities and timelines to assist in the implementation and monitoring of evaluation activities. Programs may also want to examine the Standards for Evaluation of Educational Programs, Projects, and Materials (Joint Committee on Standards for Educational Evaluation, 1981) and the Standards for Evaluation Practice (Evaluation Research Society Standards Committee, 1982.)

Staffing

Evaluation activities are conducted in most early childhood special education projects by internal staff with external evaluation consultation for design and data analysis. Program evaluation and early childhood special education are both relatively new fields of study, and there are few personnel trained with an overlap of these two areas. Project administrators of early intervention projects who do not have a background or expertise in evaluation must augment their evaluation capabilities in a variety of ways.

Internal Evaluation Staffing. Internal staff resources for evaluation are an essential ingredient to a high quality

evaluation. Because early intervention programs are usually small, the majority of reporting will most likely be done by the project coordinator with assistance from staff and consultants. Staff responsibilities fall primarily in the areas of data collection, although it is important that they be involved in evaluation planning and assist in reviewing the evaluation report. In many programs, staff will need to develop such competencies through training, technical assistance and individualized study. Project administrators might include evaluation competencies as a criteria for staff selection.

Internal staff members should receive orientation and training on the purposes and requirements of the evaluation and be involved throughout the evaluation. Staff input on the selection of measures can aid in streamlining data collection, developing measurement systems that serve several purposes and integrate measurement into ongoing program activities. Staff understanding of and investment in the evaluation can enhance the accuracy and timeliness of data collection. In addition, if staff are collecting data that is useful to them and for which they see a need, they will be less threatened by the evaluation.

Internal resources can be supplemented by discussion and coordination with other program administrators and evaluators of early childhood special education programs. Valuable information, resources and support are available from other programs who may have identified successful and unsuccessful strategies, designs, and measures. Review or sharing of each other's evaluation reports could provide cross-fertilization of ideas. Such a forum is available through bi-monthly topic specific infant preschool field meetings sponsored by the California State Department of Education, Special Education Division, Infant Preschool Unit.

External Evaluation Consultants. External evaluation consultants have been found to be useful in evaluation planning, design, and data analysis. Evaluators chosen based on their knowledge and experience in the area of evaluating early childhood special education are usually most helpful. Many programs have formalized evaluator roles, responsibilities, financial agreements and output requirements through a specific contract. External evaluators with the appropriate background and expertise in evaluating early childhood special education programs have provided significant assistance to programs in producing high quality evaluations.

Measures

Assessment of children's developmental status provides the basis for individualized intervention strategies. Multiple measures of child progress should be collected to increase the validity of the information gathered and to meet the varied requirements of funding agencies. Selection of measures for evaluating early childhood special education projects requires serious consideration of a number of criteria. Measures should (a) be consistent with the program model and philosophy, (b) have adequate reliability and validity for the populations assessed, (c) provide the types of information needed to answer the evaluation questions, (d) be sufficiently sensitive to document changes in behavior, and (e) be feasible to use for data collection in terms of staff expertise, planning time, administration time and resources. Because so much data is collected based on the agency requirements and the need for multiple measures of children's development, the use of existing measures should be considered in the evaluation planning and design.

Reviews of the reliability and validity of measures and their suitability for program evaluation are available in a number of sources (Goodwin & Driscoll, 1980; Johnson & Kopp, 1980) and should be used as a reference in selecting measures for the evaluation. Information from projects that have used the measures and can provide qualitative reviews and evaluations of measures should also be considered. Whenever possible, it is recommended that existing measures which have been used by other projects be selected. Once measures are chosen, staff should receive training in assessing infants and preschoolers with exceptional needs and their families and in the use of these specific measures (if they do not already possess such competencies) in order to ensure valid and reliable results.

Innovative strategies for combining data from multiple measures and development of new measures or norms specific to the population of infants and preschoolers with special needs and their families are needed. One potential technique for ongoing monitoring and feedback on child and family progress is through development of computer programs or modification of existing computerized systems. With an increasing number of projects having access to computers, the potential for improving the quality and timeliness of evaluation data is evident.

The measurement of family change is also receiving increasing attention. These measures are used by a variety of programs with great success. For example, measures of home environments have been found to have greater predictive validity than many measures of early mental age. In addition, measurement of family variables allows programs to investigate relationships between child progress and family variables. This is a promising approach that should receive further study.

Designs

The quality of evaluation design is one of the major predictors of evaluation quality and should be given careful consideration. Evaluation consultants are particularly useful in this aspect of evaluation planning and should be involved with the design from the outset. Each project needs to consider its model and philosophy, its goals and objectives, and intended outcomes which the project is designed to accomplish and the purposes of the evaluation. Developing convincing arguments which attribute change to comprehensive and complex program efforts can best be achieved by the use of multiple lines of evidence.

Project staff and consultants should consider the full range of design options for developing their evaluation design. Once a repertoire or menu of design options has been identified, projects can choose those that best meet their needs. Selection should be based on designs which provide the most convincing evidence to answer their evaluation questions, which are feasible to implement, and which are compatible with their program model and philosophy. Primary designs should also be supplemented by other sources of evidence to further strengthen the credibility of evaluation information.

Design strategies must be carefully chosen, matched to the program model, goals and objectives, and most notably, be consistent with the purposes of the evaluation. Examination of new developments in the design of program evaluations should provide insights into improved strategies for documenting the impact of early intervention programs.

Data Analysis

Data analysis takes a number of forms depending on the technical expertise of staff and the sophistication of designs. Analysis strategies may be descriptive or statistical in nature. Most projects use descriptive information to provide background data on project clients, services provided, accomplishment of objectives, and other project processes and outcomes. Such descriptive data includes frequencies and percentages and provides the framework for other more specific analyses.

Projects using analyses of relationships between variables (correlations or regression analyses) or differences between treatments (t-tests or analysis of variance) usually require staff or consultants with knowledge of statistical techniques. In these types of analyses, evaluation or statistical consultants are particularly helpful in determining the most appropriate techniques to answer the evaluation questions posed and in translating the data into meaningful statements about program impact.

Statistical procedures, if used correctly, can strengthen the conclusions drawn from the data. As with measurement and design, the use of multiple techniques improves the overall quality of the evaluation by presenting several sources of data to support the impact of the programs on young children with handicapping conditions and their families. The use of visual presentation of data through charts, graphs and tables also assists in clearly presenting the evaluation results to other audiences such as legislators, fund raising groups and board members.

Good evaluations are not necessarily limited to those using experimental procedures or sophisticated statistical techniques. The logic of the evaluation design, the appropriateness of the measures and data analysis and the clarity of presentation are of primary importance.

KEY INDICATORS

The following statements can be used by your program to consider your evaluation component. Those items you check may need further attention.

— The program evaluation includes both process and product types of information. (What was done and how, as well as outcome information.)

— The program collects child progress data using a variety of appropriate measures which correspond to program objectives for evaluation purposes (i.e., pre-post assessment data, social behavior, etc.).

— The program collects data on other aspects of the program, in addition to child change data, for the purpose of evaluation (i.e., parent involvement, community involvement, teacher training, staff development, etc.).

— The program collects follow-up data on children leaving the preschool program.

— The evaluator is familiar with both good evaluation techniques and the principles and practices of early childhood special education.

— The program involves the staff (including parents) in the evaluation design, collection and analysis of the data, whenever possible.

— Evaluation results are shared with anyone affected by the program (staff, parents, community, funding agencies, legislators, etc.).

— The program is revised based on evaluation results.

Administration

This section includes:

* Funding Model
  An explanation of the funding model for A.B. 2666.

* Rationale for Transdisciplinary Early Childhood Assessment Teams

* Clarification of Transdisciplinary Team
  A memo from Patrick Campbell, Director of Special Education, defining the transdisciplinary team concept.

* Rationale for Integrating Young Children
  Outlines the positive results of integration.

* What is Known About Integrating Young Children
  Outlines the research on integration.

* Sample Interagency Agreements
  Two sample agreements between County Offices of Education and Head Start are provided.

* Waiting Lists
  Guidelines for utilizing waiting lists are provided.

* Transportation
  Options for meeting transportation needs are outlined.

* Facilities
  A statement on appropriate facilities.

* Statement Regarding Portables on SpecialNet.

* Least Restrictive Environment - Bellamy letter

* Contracting

EXPANSION OF PRESCHOOL PROGRAMS IN SPECIAL EDUCATION

The Funding Model and Process

(Betsy Qualls, Infant Preschool Unit, Special Education Division, California State Department of Education, October, 1987)

The following document is an explanation of the funding model for the expansion of preschool programs as defined in AB 2666 (Chapter 311, Statutes of 1987). Five questions will be addressed:

- How was the model developed?
- What is the model?
- What calculations are necessary to approximate the amount of funds which your SELPA can anticipate?
- What is the process to receive funds?
- What special issues should the SELPA be aware of for the future funding of program expansion?

Please note that the development of this model would not have been accomplished without the dedication and continued involvement of SELPA directors, county office representatives, program operators, the Department of Finance, the Office of the Legislative Analyst, the Local Assistance Bureau and the Special Education Division staff.

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1. How was the model developed?

STEP 1.1 The following criteria for the funding model were developed and agreed upon:

1) The funding formula must mirror the current funding model.

2) The program should provide services in an itinerant model or a model similar to the resource specialist program, not in a special day class.

3) Caution should be taken to assure future stability of funding when the final phase-in has been completed.

4) There should be a provision for additional funds as specified in Education Code 56446(a) of AB 2666. This includes costs for planning and development, regionalized services, program specialists, program startup costs, including assessments and equipment, staff development, rental or leasing of facilities, and transportation.

STEP 1.2 Estimated federal dollars to be available each year through 1991-92 were calculated based on serving up to three percent of the preschool population.

STEP 1.3 Costs were calculated based on different proportions of resource specialist programs (RSP) and designated instruction and services (DIS) rates and loading factors, balancing programmatic appropriateness and cost containment.

STEP 1.4 Additional costs were calculated for the supplementary services per Education Code 56446(a) based on a per unit amount.

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2. What is the model?

A preschool instructional personnel services unit (IPSU) will be available with a loading factor of 24 children (unduplicated). This unit will be calculated using the operating LEA's rates for RSP with one aide and for DIS. Both rates will include the LEA's support services ratio. The new rate will be made up of 40 percent of the RSP rate and 60 percent of the DIS rate. Each unit will generate an additional amount for supplementary services (E.C.56446(a)). This amount will be split between the program specialist and regionalized services dollars to be retained by the SELPA (at $90 per child) and start up costs to be sent with the unit to the operating LEA (at $2840 per preschool IPSU).

3. What calculations are necessary to approximate the amount of funds which your SELPA can anticipate?

STEP 3.1 Take the SELPA's estimated number as of the June, 1987 estimated count of new children to be served and divide by 24. This equals the number of units which will be available to your SELPA if full expansion is achieved.

STEP 3.2 Determine how many of these units or portions of units will go to each operating LEA based on the numbers of children they will serve.

STEP 3.3 Using the operator's rates for RSP with one aide and for DIS, both including the support services ratio, calculate a new rate consisting of 40% RSP and 60% DIS.

STEP 3.4 Multiply unit(s) or partial unit(s) assigned to the operating LEA by the new rate.

STEP 3.5 Multiply $2840 times each unit, or partial unit to determine the available supplementary services money for each operating LEA.

STEP 3.6 Multiply $90 times the estimated child count to calculate the amount available to the SELPA for program specialist cost and regionalized services.

STEP 3.7 Add the totals for STEP 4, 5 and 6 to approximate the total funding for your SELPA.

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4. What is the process to receive funds?

STEP 4.1 June estimated count

-- Each SELPA provided a written estimate in June, 1987, which was used to calculate the total estimate of new children to be served in California.

STEP 4.2 Advance grant award out September 5, 1987

-- Copies went to the Superintendent of SELPA Administrative Unit, SELPA Directors, and Business Officers.

-- The grant amount was calculated on $150 per June projected child.

-- This grant is not "extra" money, it is part of the full Preschool Expansion Grant.

STEP 4.3 SELPA Preschool Phase-in Plan Submitted

-- Data forms were due September 1 which included signatures of LEA operators, projected numbers by LEA operator, and future year projections.

-- The signature page (SDE100) was due October 1.

STEP 4.4 Second grant award out October, 1987

-- The cover letter will explain unit funding, the total entitlement, December 1 pupil count requirement.

-- Amount of grant award will be 50% of total unit funding using the June projected count figures. The amount already sent in the "Advance Grant" will be deducted (see STEP 4.2).

-- The award will be accompanied by a form requesting a budget for the SELPA regional funds and the LEA supplementary services funds ($90/child and $2,840/unit, respectively).

STEP 4.5 December 1 pupil count

-- For the count of pupils, the forms will remain the same for December, 1987. However, at the request of the federal office, each SELPA will be required to count the numbers of children receiving each related service. This is not just 3-5 year olds, but all IWEN's.

-- At this time SELPA's will be asked to re-verify the LEA operators.

-- Each SELPA will be required to project the new numbers of children which will be served in 1988-89. (The anticipated increase between December, 1987 and December, 1988)

STEP 4.6 Final grant award out March, 1987

-- Units will be recalculated based on actual numbers served by December 1, 1987, and the revised LEA operators if appropriate.

-- The total entitlement based on revised units will be calculated.

-- A revised grant award will be sent which will equal the total entitlement per above calculations minus the "Advance Grant" sent in September (see STEP 4.2).

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5. What special issues should the SELPA be aware of for the future funding of program expansion?

- Each SELPA will be held to the numbers of new preschool children to be served as projected in June. Revisions up or down with a new calculated entitlement (see STEP 4.6 above) will be made after the December 1 pupil count and prior to the issuance of the "Final" grant award.

- At this time the December 1 pupil count is the count which will be used by the Federal office to verify if California is serving the numbers of new preschool children projected in June, therefore the December 1 count will be used by the Department to calculate the final grant award and to verify the actual amount served by each SELPA.

- The 3% cap is calculated on 3% of the total preschool population in the state and is a statewide cap, unlike the 10% cap which was imposed at the local level after SELPA's were already serving beyond 10% in some cases causing a reduction in funding. SELPA's will be funded beyond their 3% level on a first come first served basis until the state reaches a 3% figure. However, if a SELPA has elected to phase-in new children late in the four year process there is a risk of mandated local service without funds if the state has already reached its 3% level and cannot fund beyond this level.

- In addition to the usual data provided on the April, 1988, pupil count, there will be a need to count preschool children by eligibility. Two categories will

be distinguished 1) 3 and 4 year olds meeting both 3030 and 3031 of Title 5, i.e., the eligibility prior to the passage of AB 2666 and 2) 3 and 4 year olds eligible per the expanded criteria in AB 2666. This is necessary to document children mandated for service should this law be terminated due to lack of federal funding and also to document the service level which should be maintained with state funds if growth is available.

- The U.S. Department of Education recently announced that the funds may be used retroactively to cover preschool expansion costs incurred since July 1, 1987. This means that if you wish you may proceed with hiring staff, assessing children, etc., although you have not received your grant award. This may help you reach your estimated count by December 1, 1987.

- Only those special education local plan areas which submitted an estimated count of new children to be served by December 1, 1987, will receive a preschool expansion grant.

- If a SELPA has chosen not to participate in the preschool expansion but submitted a June estimated count, an "Advance Grant" (see STEP 4.2 above) may have already been sent. These SELPA's will not be permitted to spend the grant.

EXAMPLE

- WESERVUM SELPA has a count of 60 on their June estimated count with two program operators.

- District "A's" rates, including support services ratio, are $67,000 (RSP) and $45.000 (DIS). They will serve 48 children.

- District "B's" rates are $63,000 (RSP) and $47,000 (DIS). They will serve 12 children.

STEP 3.1

60 (estimated count) divided by 24 (loading factor) equals 2.5 units

STEP 3.2

District "A" will get 2.0 units to serve 48 children
District "B" will get .5 units to serve 12 children

STEP 3.3

Formula: .40 RSP x RSP unit rate + .60 DIS x unit rate = preschool IPSU rate

District "A"	District "B"
(.40 x $67,000) + (.60 x $45,000) = $53,800	(.40 x $63,000) + (.60 x $47,000) = $53,400

STEP 3.4

Formula: number of units x preschool IPSU rate = unit funding

District "A"	District "B"
2.0 x $53,800 = $107,600	.5 x $53,400 = $26,700

STEP 3.5

Formula: number of units x supplementary services $ = total supplementary service $

District "A"	District "B"
2.0 x $2,840 = $5,680	.5 x $2,840 = $1,420

STEP 3.6

Formula: estimated count x $90 = SELPA regional services/program specialists

60 x $90 = $5,400

STEP 3.7

a) Formula: unit funding + supplementary services $ = total LEA funding level

District "A"		District "B"	
$107,600	= unit funding	$26,700	= unit funding
5,680	= supplementary services	+1,420	= supplementary services
$113,280		$28,120	

b) Formula: LEA $ + SELPA regional $ = TOTAL SELPA $

$113,280 + $28,120 + 5,400 = $ 146,800

Rationale for Transdisciplinary Early Childhood Assessment Teams

by Linda Brekken, Ph.D. and Gina Guarneri

The early childhood special education assessment team is a well established component of quality early intervention programs. Implementing a transdisciplinary team assessment model requires additional staff training, reallocation of staff time, and revision of schedules to conduct team assessments. These initial investments in staff training and time yield a number of benefits to the children and families served. The rationale for implementing a transdisciplinary team assessment model of early childhood special education is outlined below:

* The young child's development is overlapping and less differentiated than the older child's, and thus, more difficult to separate into discipline-specific realms. A single behavior may involve aspects of cognitive, motor, language and emotional development. A team can observe this same behavior, and each discipline can provide its unique perspective, expertise and interpretation so that a total picture of the child emerges.

* The whole is greater than the sum of its parts. The team process provides more valid and complete synthesis of assessment results than individual reports put together.

* Teaming is an efficient process. It saves time for both staff and families, as well as reducing duplication of assessment services.

* The quality of the observations, assessments and reports is improved. Teaming improves the accuracy of the observations, assists in the recall of specific behaviors, allows synthesis of the observations and recommendations regarding the child's functioning, and provides validation of the assessment observations and recommendations.

* The team process has many benefits for the family being assessed. Observations and recommendations are consistent, so that the family is not getting conflicting information. The team process allows one of the team members to work with the family to explain the process, interpret what is being done and seen, and provides an educational experience for the family during the assessment. The development of a parent-professional partnership at the initial contact establishes trust in the system and allows for immediate verification and validation of the assessment results.

* Team members receive many benefits from the team process, in addition to saving time and reducing duplication of efforts. Each discipline teaches and learns from the others, so that they are all enriched in their knowledge of child development.

* Team assessment provides an integrated picture of the total child within the family system and community. The synthesis of information provides a much broader and more accurate view of the child and family.

The composition of your transdisciplinary early childhood special education assessment team is dependent on the program resources, skill of the staff, and the family and child needs. The assessment team needs to develop a philosophy and service delivery model that reflects and responds to these variables. Examples of transdisciplinary assessment team models are:

* Two to three team members assess all children. Consultants in specialty areas are added to the team as needed.

* The team composition is developed specially for each child and family to meet individual needs.

* An interagency team (i.e., Head Start and Education staff) assess all children.

* The total team assesses all children.

These models are not inclusive. Each program needs to develop a transdisciplinary early childhood special education assessment model that meets the particular needs of the program, family, and community.

CALIFORNIA STATE DEPARTMENT OF EDUCATION
721 Capitol Mall; P.O. Box 944272
Sacramento, CA 94244-2720

Bill Honig
Superintendent
of Public Instruction

October 26, 1987

TO: County and District Superintendent of Schools
Attn: Special Education Directors
SELPA Administrators
Early Education Providers
Other Interested Persons

FROM: Patrick Campbell, Assistant Superintendent/
Director of Special Education

SUBJECT: CLARIFICATION OF TRANSDISCIPLINARY TEAM

AB 3246 (Chapter 1296, Statute of 1986), which amends Chapter 4.4 of Part 30 of the Education Code became effective July 1, 1987. This bill provides for specified home and group early education services for individuals with exceptional needs younger than three years of age and their families. It also requires that such services are provided by a transdisciplinary team which will consist of parents and personnel of varying professional backgrounds.

The Legislative Counsel's Digest of AB 3246 (Papan) as well as Education Code sections 56425.5, 56426.2 (a)(4),56426.6(a) and 56426.6(c) refer to the transdisciplinary team and/or transdisciplinary services. (See Appendix A for listing of sections.)

The purpose of this memo is to define and clarify "transdisciplinary" team and services in the context and intent of AB 3246.

Definition

According to Webster (1982), trans and discipline are defined as:

trans ... over, across, through...

discipline ...a branch of knowledge or learning...

These two definitions can be combined to define transdisciplinary as: a transfer of skill across a branch of learning.

The transdisciplinary team is a group of professionals and family members who work together to assess, plan and provide early education services to an infant and his/her family. Transdisciplinary team members train each other in their area of expertise and share the responsibility for assessment and implementation of an educational program.

Clarification

Each professional is committed to incorporating the perspectives and techniques of other disciplines into one's own area of expertise. Team members increase each others' knowledge by training each team member in their own respective discipline. In the transdisciplinary approach, team members become aware of each other's disciplines, yet areas of expertise remain in the discipline of training. Chart 1 illustrates this definition in comparison to other team approaches.

The transdisciplinary team approach is characterized by regularly scheduled team meetings, active family involvement in the educational process, and joint planning and carrying-out of assessment and program strategies.

Questions - Answers

1. I am a teacher in an early education program, I meet periodically with the other professionals who work with my students. How does the transdisciplinary approach differ from what we are now doing?

   It sounds like each professional works separately with your students. In the transdisciplinary approach, professional staff and families jointly plan and carry out assessment and program strategies. The individualized education program (IEP) can be carried out by one or more of the team members. For example:

   * The assessment team may include a psychologist, a speech and language specialist, and an educator. The team meets to discuss each referral. At the meeting, a primary family contact person is chosen, the team members who will be involved in the assessment are assigned, and one assessment plan is developed with the parent's input and approval. If the referral is for a child with multiple problems, all three members may take part in the assessment; if the referral is for a child with an articulation disorder, the speech and language specialist may assess the child and decide if other team members need to become involved. Although professionals may vary, parents remain constant team members.

   * A six month old child with exceptional needs, and a psycho-motor delay, is enrolled in an early education program. The consultant

occupational therapist, teacher, and parents jointly assess the child's motor functioning and plan instructional activities. The parents agree to carry out the appropriate activities at home, and the teacher will make sure that the activities are carried out in the group setting. The occupational therapist oversees the implementation of the planned activities by making home visits periodically, and discussing the implementation with the program staff during team meetings.

* An early education program has three children, with exceptional needs, ages 18-24 months, with language delay. Rather than using the traditional pull out model, the speech and language specialist instructs and models for the family and staff how to encourage and respond to communication during daily activities and assists the staff during group activities such as snacktime, to encourage appropriate language use.

2. Who is on the team?

The exact team members will vary, depending on the needs of the individual infant and his/her family. Education Code 56426.6(c) states that:

"Transdisciplinary teams may include, but need not be limited to, qualified persons from the following disciplines:

(1) Early childhood special education

(2) Speech and language therapy

(3) Nursing, with a skill level not less than that of a registered nurse.

(4) Social work, psychology, or mental health."

"School districts.....may include, as part of the transdisciplinary team, occupational therapist and physical therapist consultants who provide professional consultation to early education program personnel."

According to Education Code 56426.6(d), consultation services may include, but are not limited to, the following:

(1) Positioning, feeding, and the neurological system and its impact on learning.

(2) Adaptive equipment.

(3) Possible limitations in movement, strength, and endurance.

(4) Appropriate handling techniques."

If the needs of the infant and or the family dictate it, an early education program may add other professionals to their transdisciplinary team (e.g., nutritionist, administrator).

3. Do all of our staff have to do home visits together? Do all of our staff have to work with all children?

Transdisciplinary teaming does not imply that all team members must work with all children. Transdisciplinary teaming provides resources to the team member responsible for carrying out the assessment and/or program. For example, the nurse explains medical records to the team, or the occupational therapist goes on occasional home visits to observe the mother and child during feeding, and to provide appropriate suggestions.

Transdisciplinary teaming allows for joint intervention in the group program. For example, rather than using a pull out model, related services are provided in the group setting, integrating all of the child's goals into the daily activities.

Transdisciplinary teaming requires that team members exchange observations, expertise, and program strategies.

4. We've been teaming together for the last year and have trained the teacher in positioning and feeding techniques. Do we still need a physical therapist (PT) or occupational therapist (OT) consultant on staff?

Transdisciplinary teaming does not suggest that one staff member can be trained to "do it all." Each professional requires special training and expertise. For example, an early childhood special educator may be taught how to use proper positioning and feeding techniques in the group

setting and in the home. The supervision and ongoing support and training of the OT or PT is important to ensure that positioning and feeding techniques are properly carried out. As the child develops and changes, so does his/her needs. Ongoing observation and consultation by a physical therapist and/or an occupational therapist is valuable when planning for developmentally appropriate modifications of intervention techniques.

In most situations, an early childhood special educator is not able to assess the underlying motor conditions that impact on a child's feeding and motor functioning, no matter how well trained he or she may be.

5. I understand the importance of sharing observations with my team members, but when do we find the time to do it?

Transdisciplinary teaming requires that staff time be set aside for regularly scheduled team meetings. To be efficient and effective, the team meetings need to be structured: length of meeting, who will run the meeting, and a set agenda. It is important to periodically spend time during a team meeting to discuss "How we work together." After a team has developed a smooth working relationship, the transdisciplinary process will save staff valuable time. It is efficient to have a planned time to discuss children, rather than "catch a coworker when you can." It is efficient to have team members as resources. It is efficient to work together in an assessment, home, or group setting, rather than meet "by accident."

6. Where can I learn more about the transdisciplinary team approach?

An annotated bibliography developed by the Infant-Preschool Special Education Resource Network, is included in Appendix B. For additional information and assistance, contact:

Infant-Preschool Unit
Special Education Division
California State Department of Education
721 Capitol Mall
P.O. Box 944272
Sacramento, CA 94244-2720
(916) 322-4695

Appendix A

AB 3246 (Chapter 1296, Statute of 1986) states that:

* "Early education program.....shall provide a continuum of program options provided by a transdisciplinary team..." (56425.5)
* "Home-based and group services shall include, but not be limited to.... transdisciplinary services by therapists, psychologists, and other specialists as appropriate." (56426.2(a)(4))

* "Early education services shall be provided.....through a transdisciplinary team consisting of a group of professionals from various disciplines and parents who shall share their expertise and otherwise work together to provide these services for infants and families." (56426.6(a))

* "Each team member shall be responsible for providing and coordinating early education services for one or more infants and their families, and shall serve as a consultant to other team members and as a provider of appropriate related services to other infants in the program." (56426.6(a))

* "Transdisciplinary teams may include, but need not be limited to, qualified persons from the following disciplines:

  (1) Early childhood special education

  (2) Speech and language therapy

  (3) Nursing, with a skill level not less than that of a registered nurse.

  (4) Social work, psychology, or mental health." (56426.6(c))

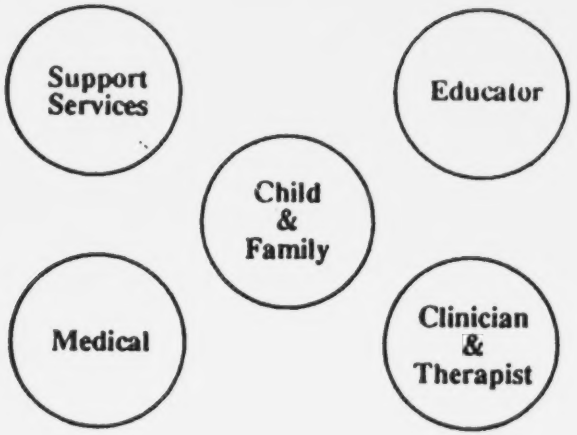
* "School districts... may include, as part of the transdisciplinary team, occupational therapist and physical therapist consultants who provide professional consultation to early education program personnel. Those consultation services may include, but are not limited to, the following:

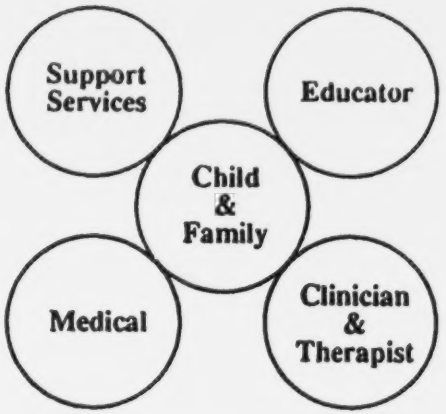
(1) Positioning, feeding, and the neurological system and its impact on learning.

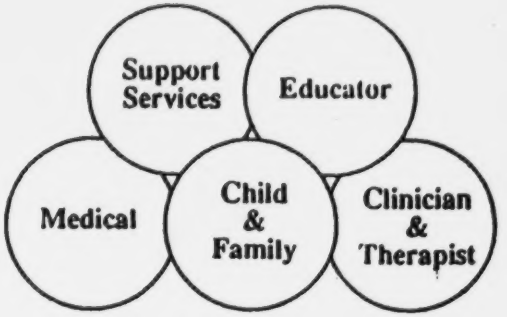
(2) Adaptive equipment.

(3) Possible limitations in movement, strength, and endurance.

(4) Appropriate handling techniques." (Education Code 56426.6(d)).







Multidisciplinary Approach

Each professional works independently with the child and family. Observations and information may be exchanged during staff meetings. Each discipline decides on and carries out their own recommendations. Family members interact with each professional separately.

Interdisciplinary Approach

Professionals work jointly with the child and family, but specific discipline roles are maintained. Observations and information are exchanged during formal meetings. Group decisions are made, but staff roles determine who will carry out recommendations. Families work with several different professionals, who maintain their discipline roles.

Transdisciplinary Approach

Professionals and family members work together. Professionals and family members exchange information and observations and train each other in their area of expertise. Recommendations are jointly arrived at, roles are integrated, and a total program is provided for the child and family.

Adapted from: Wisconsin Department of Public Information, Teaching Early Childhood Exceptional Needs: Ten Resource Modules, 1979.

Appendix B
Annotated Bibliography

Allen, K.E., Holm, V.A., & Schiefelbusch, R.L. (Eds.). Early Intervention - A Team Approach. Baltimore, MD: University Park Press, 1978.

Chapters highlight different aspects of early intervention with the majority of chapters focused on developing a team approach. The chapter, "Interdisciplinary Child Development Team: Team Issues and Training in Interdisciplinariness" provides an overview of the major issues related to developing and maintaining a team approach. The areas discussed include team philosophy , team composition, professional roles and responsibilities, leadership, team meeting strategies, teaming models and training needs.

Doyle, M. & Straus, D. How to Make Meetings Work. New York: Playboy Paperbacks, 1976.

The Interaction Method, a process to "stop wasting time and to get things done" (more effectively) at meetings, is described throughout the book and specific examples of its application are included. This book will be helpful for those who are interested in how their team meetings can become more effective.

Kiersey, D. & Bates, M. Please Understand Me: Character and Temperament Types. Del Mar, CA: Prometheus Nemesis Book Company, 1984.

This book is essentially a manual for the Kiersey Temperament Sorter. It explains the basic dimensions underlying the temperament sorter, the major temperament types, how temperament affects work and leadership style, marriage and life style. The temperament sorter, scoring sheets and instructions for administration and scoring are included.

Maddux, R. A. Team Building: An Exercise in Leadership. Los Altos, CA: Crisp Publications, Inc., 1986.

This booklet is designed as a self-paced reader of activities, exercises and team building strategies. the booklet's stated purpose is to point out the "differences between groups and teams." Brief statements on a variety of team and leadership issues are presented along with tasks and exercises to help illustrate the point. This booklet would be of benefit to administrators, program managers, team leaders and others with staff and program development responsibilities.

Rubin, I., Fry, R., Plovnik, M., & Stearns, N. Improving the Coordination of Care: An Educational Program. Working Paper of the Massachusetts Institute of Technology, Alfred P. Sloan School of Management, 50 Memorial Drive, Cambridge, Mass., 02139, 1975.

This article focuses on the underlying concepts of team development and problems, which the authors believe are inherent in programs and services that call for coordination of effort among two or more people. The term "interdependent" is used frequently to describe the overall goal of people working together and the information is geared to helping that process evolve and function effectively over time. Copies of the paper may be obtained directly from MIT for $6.00.

Staff Development Handbook: A Resource for the Transdisciplinary Process. United Cerebral Palsy Association Inc.; New York, 1976.

This monograph is useful for those interested in the transdisciplinary approach to teaming. The transdisciplinary philosophy is discussed and contrasted with other models of teaming. Issues such as hiring, orientation and commitment of team members, creating a team "learning environment", establishing team goals, and sources and resources for staff development are covered.

Rationale for Integrating Young Children

There are many reasons to provide opportunities for children with disabilities to play, learn, and interact with their nondisabled peers. Integrating young children can be beneficial for both groups of children, as well as for their parents and teachers.

Nondisabled Children

Through positive interactions with children with disabilities, nondisabled children become sensitive to the needs of others and learn to appreciate individual differences at an early age. In integrated settings, nondisabled children may have more chances to be leaders or teachers, thereby increasing their self-confidence. The children also have the opportunity to form friendships with children who are disabled.

Children With Disabilities

When young children with disabilities are educated with their nondisabled peers, they learn age-appropriate social and play skills by imitating nondisabled children. Integrated settings provide a challenging environment for the child who is disabled. Therefore, the children learn more independent and developmentally advanced skills. Also, by being with nondisabled children, the child who is disabled may develop a more positive self-image by having the opportunity to do what other children do.

Teachers

Both regular education and special education teachers can learn by teaching in integrated settings. Regular education teachers have the opportunity to learn about disabilities and special education. Special education teachers have frequent contact with normally developing children and, therefore, have more realistic expectations for the children they teach. In addition, both groups of teachers can exchange information about instructional activities and teaching strategies.

Parents

When their children attend integrated preschools, parents of children with disabilities have the opportunity to see that many behaviors about which they may have been concerned are typical of most young children. Also by seeing their child accepted by others and successful in integrated settings, parents may feel better about themselves and their child. Parents of nondisabled children can help their child develop positive attitudes toward individuals who are disabled and have the chance to become acquainted with other parents.

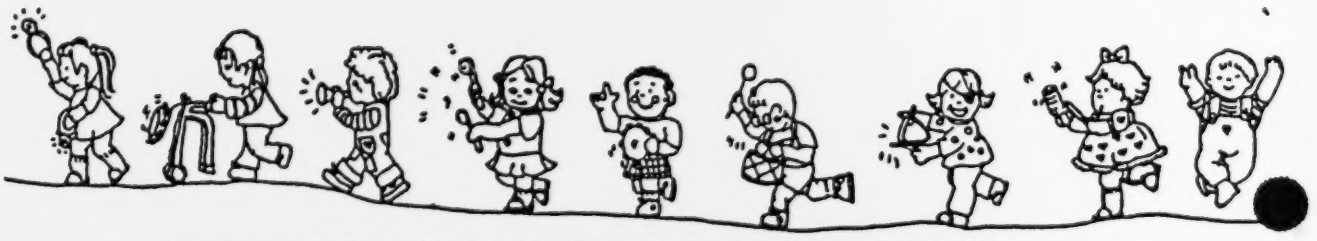
Providing positive experiences in integrated early childhood educational settings allows nondisabled children and adults to learn about disabilities and to become more accepting of individuals who are disabled. Children with disabilities have the opportunity to develop their full potential and to become an integral part of society. Therefore, integration can expand and enhance the personal experiences of children, parents, and teachers.

Mary Frances Hanline, Ph.D., Project STIP Director, San Francisco Unified School District,
Department of Special Education, 241 Oneida Avenue, San Francisco, CA 94112 415-586-6400

What is Known About Integrating Young Children

More and more young children with disabilities are being integrated into regular education early childhood programs. Observations of children in these integrated settings, results of questionnaires and surveys, case studies of children, and anecdotal reports of parents and teachers tell us the following about integrating preschool children:

- Nondisabled children learn language, cognitive, play, social, motor, and perceptual skills at the expected rate in integrated settings.
- Children with disabilities learn skills and make developmental gains when attending integrated classrooms.
- Nondisabled children usually do not imitate developmentally delayed behaviors that children with disabilities may exhibit. If they do, the imitative behavior does not continue unless it is reinforced by adults.
- Children with disabilities do not imitate spontaneously their nondisabled peers. They must be taught to learn in this way.
- Integrating children who are disabled with nondisabled children does not insure that the two groups of children will play together. Nondisabled children often prefer to play with other nondisabled children, while children with disabilities may not have the social skills to play with others. However, special instruction can be very successful in encouraging the children to play together.
- Rejection of children with disabilities by nondisabled children is rare. The nondisabled children usually behave in ways which show that they are sensitive to the needs of other children. They show affection to, are gentle with, and attempt to encourage and teach their classmates who are disabled.
- Because they shape the emotional and social climate of a classroom, successful integration heavily depends on the attitude of teachers. An approach to teaching which appreciates the value and uniqueness of every child will help make integration a positive experience.



Mary Frances Hanline, Ph.D., Project STIP Director, San Francisco Unified School District,
Department of Special Education, 241 Oneida Avenue, San Francisco, CA 94112 415-586-6400

Sample Interagency Agreements

Drafts of two sample local interagency agreements with Head Start are included. Please keep in mind that these are draft documents developed prior to the passage of A.B. 2666. A new state level interagency agreement between Administration for Children, Youth and Families (ACYF) Region IX Head Start and the California State Department of Education, Special Education Division, will be drafted in the coming year. These agreements will provide you with a framework to review and consider. We suggest that you develop an interagency agreement that addresses your local needs.

INTERAGENCY AGREEMENT

BETWEEN

THE YOLO COUNTY OFFICE OF EDUCATION

AND

YOLO COUNTY PARENT POLICY COUNCIL, INC.

PURPOSE AND SCOPE OF THIS AGREEMENT

This agreement is between the Yolo County Office of Education and Yolo County Parent Policy Council, Inc. and is binding on the staffs of both departments.

Federal and state legislation has focused attention on the concern over educational sevices to children with exceptional needs. The purpose of this agreement is to establish working procedures to encourage Yolo County Parent Policy Council, Inc. programs, and their directing agencies, to collaborate with local education agencies (LEAs) in the provision of services to handicapped children in compliance with federal and state laws and regulations governing the operation of each agency.

It is the intent of this agreement to:

1. Define which services will be provided by each agency.

2. Ensure that all handicapped children have a free and appropriate public education as required by federal and state laws, regardless of the public agency administering the program.

3. Ensure that each agency cooperatively maintain communication and share leadership responsibilities at the local level to ensure that available resources are utilized in the most effective manner.

4. Ensure that cooperative arrangements between local education agencies and Yolo County Parent Policy Council, Inc. agencies are developed, implemented and preserved, and to ensure that those children needing services are provided those services in the least restrictive environment.

This agreement applies only to handicapped children ages three years to five years, nine months, inclusive that qualify for Head Start. Headstart can serve children 5 years, nine months only if there is an I.E.P. between the school district involved and Yolo County Parent Policy Council, Inc. and they, as well as the parents, agree that the child is better off in the pre-school Headstart program.

The COUNTY OFFICE OF EDUCATION:

1. Shall include Yolo County Parent Policy Council, Inc./Head Start program in the child find system.

2. Shall inform Yolo County Parent Policy Council, Inc./Head Start program of the appropriate referral procedures in writing.

The YOLO COUNTY PARENT POLICY COUNCIL, INC./ HEAD START PROGRAM OFFICE:

1. Shall participate in the LEA's child find system.

2. Shall screen all children and refer those suspected to be in need of special education and related services to LEAs for assessment, within the time lines specified in SB 1870, PL 94-142, and corresponding regulations.

ASSESSMENT

The COUNTY OFFICE OF EDUCATION:

1. Shall be responsible for assessment of all children referred by Head Start, for whom appropriate assessment information has not been completed.

2. Shall invite Yolo County Parent Policy, Inc. personnel to participate in the development and implementation of the assessment plan of all children referred for assessment by Head Start.

3. Shall be responsible for informing the parent(s) of assessment results, and if parental permission is obtained, informing Yolo County Parent Policy Council, Inc. staff of assessment results.

The YOLO COUNTY PARENT POLICY COUNCIL, INC./HEAD START PROGRAM:

1. Shall be responsible for referring children suspected to be in need of special education to the local LEA for assessment.

2a. Shall be responsible for health screening/assessment (medical, dental, nutritional, and developmental) not performed by the LEA as a part of the assessment for handcapping conditions.

2b. Shall, with parental consent, provide the LEA educationally relevent assessment information developed by Head Start.

3. Shall cooperate with the LEA in the development and implementation of the assessment plan.

INDIVIDUALIZED EDUCATION PROGRAM

The COUNTY OFFICE OF EDUCATION:

1. Shall develop IEPs for each child between three years and five years, nine months for whom special education and related services will be provided by the LEA and shall include Yolo County Parent Policy Council, Inc. personnel in the development of the IEP when Head Start is a placement option.

2. Shall specify in the IEP which services, if any, will be provided by Head Start, and which, if any, will be provided by the LEA.

3. Shall implement, or ensure that provision is made to implement the special education and related services, as specified in the IEP, for all children the LEA is mandated to serve

4. Shall monitor implementation of all IEPs and shall be responsible for monitoring pupil progress on these portions of the IEP implemented by the LEA/SESR.

5. Shall conduct annual IEP review and include Yolo County Parent Policy Council, Inc./Head Start personnel as appropriate.

The HEAD START OFFICE:

1. Shall participate in the development of the IEP for each individual with exceptional needs who is or may be enrolled in Head Start.

2. Shall provide all comprehensive child development services to all children enrolled in Head Start, whether or not they are handicapped and shall be responsible for providing special education and related services for those children the LEA is not mandated to serve, who are enrolled in Head Start.

3. Shall be responsible for implementing portions of the IEP, as specified in the IEP, for those children enrolled in Head Start.

4. Shall be responsible for monitoring pupil progress on the portions of the IEP implemented by Head Start.

5. Shall participate in annual IEP review as requested.

PROCEDURAL SAFEGUARDS

The COUNTY OFFICE OF EDUCATION:

1. Shall implement all procedural safeguards, including confidentiality of records requirements and placement in the least restrictive environment, for all individuals with exceptional needs placed by the LEA in Head Start and their parents, according to California Education Code Section 565000-56506, effective California Administrative Code, Title 5, regulations, and federal law and regulations.

    a. Shall inform Yolo County Parent Policy, Inc./Head Start personnel of individual rights and protections.

    b. Shall inform Yolo County Parent Policy, Inc. of due process hearing and complaint procedures for all children placed by the LEA in Head Start, in accordance with California Education Code requirements.

The YOLO COUNTY PARENT POLICY, INC./HEAD START OFFICE:

1. Shall ensure that all procedural safeguards, including confidentiality of records requirements and placement in the least restrictive environment, are provided for all handicapped children and their parents, according to education code Sections 56500-56506, effective California Administrative Code, Title 5, and federal law and regulations.

    a. Shall inform parents of individual rights and protections.

    b. Shall inform parents of due process hearing and complaint procedures, and shall participate in hearings when requested.

TRAINING AND TECHNICAL ASSISTANCE

The COUNTY OFFICE OF EDUCATION:

1. Shall offer training to Yolo County Parent Policy, Inc./Head Start personnel, as appropriate.

2. Shall designate one person responsible for coordination of training opportunities with Yolo County Parent Pupil Council, Inc./Head Start.

3. Shall participate in Yolo County Parent Pupil Council, Inc./Head Start sponsored training opportunities, as appropriate.

The YOLO COUNTY PARENT PUPIL COUNCIL, INC./HEAD START OFFICE:

1. Shall offer training to LEA personnel, as appropriate.

2. Shall designate one person responsible for coordination of training opportunities with LEA.

3. Shall participate in SEA or LEA sponsored training opportunities as appropriate.

FUNDING

The COUNTY OFFICE OF EDUCATION:

1. Shall explore creative methods of financing the cost of special education and related services, including, dual enrollment, itinerant teacher arrangements.

2. Shall finance the cost of special education and related services for all individuals with exceptional needs as specified in the IEP, and for whom the LEA is mandated to provide special education and related sevices, ages three years to five years, nine months, who are placed in Head Start Programs.

3. May, by mutual agreement with Yolo County Parent Pupil Council, Inc., combine fiscal and service resources in a manner different than 2 above, provided the combination results in increased services to handicapped children.

The YOLO COUNTY PARENT PUPIL COUNCIL, INC./HEAD START OFFICE:

1. Shall explore creative methods of financing the cost of special education and related services, including dual enrollment and itinerant teacher arrangements.

2. Shall pay for the cost of comprehensive child development services for all children enrolled in Head Start, ages three years to five years, nine months and shall also pay for the cost of special education and related services for all other children the LEA is not mandated to serve, who are enrolled in Head Start, ages three years to five years, nine months.

3. May by mutual agreement with the LEA, combine fiscal and service resources in a manner different than 2 above, provided the combination results in increased services to handicapped children.

The COUNTY OFFICE OF EDUCATION:

1. The LEA and Yolo County Parent Pupil Council, Inc. grantee shall establish a system to ensure a smooth transition of handicapped children from Head Start programs to the public schools.

2. Shall annually count and report the number of handicapped pupils enrolled in Head Start for whom the LEA provided the special education and related services, in accordance with the Department of Education pupil count procedures.

3. Shall designate a person to work with Yolo County Parent Pupil Council, Inc. designee on problems regarding interpretation of, or compliance with this agreement.

The YOLO COUNTY PARENT PUPIL COUNCIL, INC./HEAD START OFFICE:

1. The Yolo County Parent Pupil Council, Inc. grantee shall establish a system to ensure a smooth transition of handicapped children from Head Start programs to the public schools.

2. Shall annually count and report to ACYF the unduplicated number of handicapped pupils who are enrolled in Yolo County Parent Pupil Council, Inc. facilities in accordance with Department of Education pupil count procedures.

3. Shall designate the Special Education Coordinator/Speech Pathologist to work with LEA designee on problems regarding interpretation of, or compliance with this agreement.

Daisy R. Liedkie

DAISY R. LIEDKIE
Director - Yolo County Head Start

1/18/83
DATE

Jack J. Potter

JACK J. POTTER
Yolo County Superintendent of Schools

December 29, 1982
DATE

Delfina Lopez

DELFINA LOPEZ
V. Chairman - Yolo County Parent Policy Council, Inc.

1/18/83
DATE

Richard E. Racki

RICHARD E. RACKI
Assistant Superintendent
Educational Programs and Services

10/28/82
DATE

Edwina S.G. Cline

EDWINA S.G. CLINE
Special Education Specialist
Yolo County Head Start

December 29, 1982
DATE

Tom Kearns

TOM KEARNS
Director of Special Education

10-28-82
DATE

MEMORANDUM OF UNDERSTANDING

The Yolo County Board of Supervisors, Yolo County Mental Health Services and the Yolo County Head Start Parent Policy Council, Inc. adopt the following memorandum of understanding concerning the provision of mental health services by Yolo County Mental Health Services to YCPPC, Inc./Head Start program staff and children participating in the Head Start program.

This memorandum reduces to writing the substance of an informal working protocol already in existence among the parties involved.

Yolo County Mental Health Services agrees to provide the following services to the YCPPC, Inc./Head Start staff and program participants:

1. Assistance in planning Mental Health program activities;
2. Training Head Start staff:
   a. To spot and identify mental health disorders in Head Start age children.
   b. To refer children for mental health services.
   c. In types of services and levels of services which are available at Yolo County Mental Health Services and elsewhere.
3. Periodic observations of children and consultation with Head Start staff as indicated;
4. Advice and assistance in developmental screening and assessment as indicated;
5. Assistance in providing special help and/or consultation for children with atypical behavior or development;
6. Advice in the utilization of other community resources;
7. Assistance in orienting parents and working with them to

achieve the objectives of the Mental Health Program;

8. Format for appropriate steps in conjunction with health and education services to refer children for diagnostic examination to confirm that their emotional or behavior problems do not have a physical basis.
9. Information to YCPPC, Inc./Head Start staff of any changes in Yolo County Mental Health Program areas effecting Head Start age children.

YCPPC, Inc/Head Start staff will provide the following support and assistance to Yolo County Mental Health Services:

1. Assistance in early identification of Head Start children with mental health disorders.
2. Outreach to and referrals of Head Start children to Mental Health Services.
3. Assistance in implementation of mental health treatment plans as recommended by Yolo County Mental Health Services staff, including home and classroom observation and feedback.
4. Information to Yolo County Mental Health regarding any changes in YCPPC, Inc./Head Start program which has an impact on services provided by Yolo County Mental Health Services.

Nothing in the memorandum shall be construed as preventing the collection of fees from any third party payors for any diagnosis or treatment services provided to Head Start children.

Dated: 2-4-83

Stephen W. Mayberg, Ph.D.
Deputy Director
Yolo County Mental Health Services

Dated: 2-8-83

Captane P. Thomson, M.D.
Director, Mental Health Services

Dated: 2/4/83

Rachel Guerrero, Chairperson
Health Advisory Committee

Dated: 2-3-83

Daisy Liedkie
Head Start Director

Dated: 3-8-83

Delfina Lopez, Chairperson
Yolo County Parent Policy Council, Inc.

Dated: 3/15/83

Betsy Marchand, Chairperson
Yolo County Board of Supervisors

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INTERAGENCY AGREEMENT

Between

THE OFFICE OF THE LOS ANGELES COUNTY SUPERINTENDENT OF SCHOOLS
EAST SAN GABRIEL VALLEY SPECIAL EDUCATION LOCAL PLANNING AREA
PUENTE HILLS SPECIAL EDUCATION LOCAL PLANNING AREA
WEST SAN GABRIEL VALLEY SPECIAL EDUCATION LOCAL PLANNING AREA

And

THE OFFICE OF THE LOS ANGELES COUNTY SUPERINTENDENT OF SCHOOLS
HEAD START GRANTEE

June, 1982

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Purpose and Scope of this Agreement

This Agreement is between the Office of the Los Angeles County Superintendent of Schools East San Gabriel Valley Special Education Local Planning Area, Puente Hills Special Education Local Planning Area, West San Gabriel Valley Special Education Local Planning Area and the Office of the Los Angeles County Superintendent of Schools Head Start Grantee and is binding on the staffs of all above departments as well as on all public school districts and Head Start programs contained within each.

Federal and state legislation has focused attention on the concern over educational services to children with exceptional needs. The purpose of this Agreement is to establish working procedures to encourage individual Head Start programs to collaborate with local education agencies in the provision of services to handicapped children in compliance with federal and state laws and regulations governing the operation of each agency.

It is the intent of this Agreement to:

1. Define which services will be provided by each agency.

2. Ensure that all handicapped children have a free and appropriate public education as required by federal and state laws, regardless of the public agency administering the program.

3. Ensure that each agency cooperatively maintains communication and shares leadership responsibilities at the local level to ensure that available resources are utilized in the most effective manner.

4. Ensure that cooperative arrangements between local education agencies and Head Start programs are developed, implemented and preserved, and to ensure that those children needing services are provided those services in the least restrictive environment.

This Agreement applies only to handicapped children ages three years to five years, nine months, inclusive.

Definitions

LEA - Local Education Agency (school district)
LPA - Local Planning Area

Responsibilities delineated in the Local Planning Area/Local Education Agency section of this Agreement belong to the Local Education Agency (LEA) unless specified as a Local Planning Area (LPA) responsibility.

Responsibilities delineated in the Head Start Grantee/Head Start Program section of this Agreement belong to the Head Start Program unless specified as a Head Start Grantee responsibility.

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Review of Interagency Agreement

This Interagency Agreement shall be renegotiated annually. A joint review by representatives from the East San Gabriel Valley, Puente Hills, West San Gabriel Valley Special Education Local Planning Areas and the Head Start Grantee shall be convened no later than February 1 of each year to suggest modifications to the existing Agreement, beginning in Fiscal Year 1982/83.

No additions, deletions, or modifications may be made to this Agreement without the joint written approval of the signatories of the Agreement.

I. SEARCH. All handicapped children in need of special education must be identified, located, and evaluated (45 CFR 121a.220, 121a.324; Welfare and Institutions Code, sections 5651, 5650, 5619; California Education Code Sections 56300-56302)

LOCAL PLANNING AREA/LOCAL EDUCATION AGENCY	HEAD START GRANTEE/HEAD START PROGRAM
1. Shall include Head Start in the child find system.	1. Shall participate in the LEA child find system.
2. Shall provide Head Start with clearly defined written procedures on referral of children 3.0 through 4.9 to include but not limited to timelines, forms and contact persons no later than October 15.	2. Shall provide the LEA with clearly defined written proced on referral of children 3.0 through 4.9 to include but no limited to timelines, forms and contact persons no later than October 15.
3. Shall forward all referrals on children for whom Head Start has been determined an appropriate placement to the respective Head Start agency individual designated to receive such referrals.	3. Shall screen all Head Start children consistent with Head Start Performance Standards and refer those suspected to be in need of special education and related services to the LEA Special Education Office.

1. ASSESSMENT. Each individual with exceptional needs who is assessed for special education services shall have the benefits of a multidisciplinary team of persons, and no single procedure shall be used as sole criterion for assessment. (45 CFR 121a,542; 121a, 530-532; Education Code sections 56320-56337; 5 CAC sections 3105 (a), (b), (c), and 34

LOCAL PLANNING AREA/LOCAL EDUCATION AGENCY	HEAD START GRANTEE/HEAD START PROGRAM
1. Shall invite Head Start personnel to participate in the development of a joint assessment plan on children referred for assessment by Head Start.	1. Shall cooperate with the LEA Special Education Office in the development and implementation of the joint assessmen plan.
2. Shall act upon the referral for assessment within the guidelines of all State and Federal laws including the California Administrative Code, Title V Regulations and be responsible for assessment and interpretation within the mandated timelines of all children referred by Head Start for whom appropriate assessment information has not been completed.	2. Shall be responsible for health and developmental screeni for all children enrolled in Head Start and shall, with parental consent*, provide the LEA Special Education Offi with relevant screening/assessment information developed by Head Start. Shall be responsible for informing the parent(s) of assessment results for assessments performed by the Head Start program.
3. Provide all requested current assessment data, such as medical. psychological, speech, etc., as well as pertinent progress reports and Individualized Education Program (IEP) to Head Start upon receipt of a Release of Information form * signed by the parent/ guardian.	3. Provide all requested current assessment data (medical, psychological, speech, occupational and physical therapy, nutrition, etc.) and Individualized Education Programs to the LEA Special Education Office upon receipt of a Releas of Information form * signed by the parent/guardian.
4. Shall provide Head Start with written eligibility criteria for special education and related services for children under 4.9.	4. Shall provide the LEA Special Education Office with writt eligibility criteria for Head Start handicap services (Diagnostic Criteria for Reporting Handicapped Children in Head Start

* Parental consent for release of information applies only to Delegate Agencies.

II. INDIVIDUALIZED EDUCATION PROGRAM. The individual with exceptional needs shall have a right to an appropriate education and related services in accordance with his or her IEP, including full education opportunities in the least restrictive environement (45 CFR 121a, 13, 121a, 14, 121a.340-349; Education Code sections 56340-56381; and 5 CAC regulations.

LOCAL PLANNING AREA/LOCAL EDUCATION AGENCY	HEAD START GRANTEE/HEAD START PROGRAM
Shall develop IEPs for each child assessed by the LEA between three years and five years, nine months, for whom special education and related services will be provided by the LEA and shall include Head Start personnel in the development of the IEP when Head Start is a placement option.	1. Shall participate in the development of the IEP for each individual with exceptional needs who is or may be enrolled in Head Start.
Shall consider Head Start as a placement option for children between the ages of 3.0 and 4.9 in all cases in which a mainstream environment is determined appropriate.	2. Shall enroll and provide Head Start services for children between the ages of 3.0 and 4.9 based on the determination of program eligibility, available space, and the appropriateness of placement.
Shall specify in the IEP which services, if any, will be provided by Head Start and which, if any, will be provided by the LEA. Shall implement, or ensure that provision is made to implement, the special education and related services, as specified in the IEP, for all children the LEA is mandated to serve.	3. Shall provide all comprehensive child development services to all children enrolled in Head Start, and shall be responsible for providing special education and related services for those children: a. The LEA Special Education Office is not mandated to serve who are enrolled in Head start (due to differences in eligibility guidelines). b. The LEA Special Education Office is mandated to serv but for whom services will be provided by Head Start as identified in the IEP.
Shall monitor implementation of all IEPs and shall be responsible for monitoring pupil progress on those portions of the IEP implemented by the LEA.	4. Shall be responsible for implementing and monitoring pupil progress on mutually agreed upon portions of the IEP, for those children enrolled in Head Start.
Shall conduct the annual IEP review for all children determined eligible for LEA special education and related services and include Head Start personnel: a. for children where services are jointly provided b. for children where a joint decision has been made by the LEA and Head Start that Head Start will provide the special education and related services.	5. Shall participate in the annual LEA IEP review: a. for children where services are jointly provided. b. for children where a joint decision has been made by the LEA Special Education Office and Head Start that Head Start will provide the special education and related services.

I. PROCEDURAL SAFEGUARDS. The individual shall be afforded procedural safeguards and confidentiality of records requirements according to California Education Code Sections 56500-56506 and federal regulations.

)CAL PLANNING AREA/LOCAL EDUCATION AGENCY	HEAD START GRANTEE/HEAD START PROGRAM
Shall implement all procedural safeguards, including confidentiality of records requirements and placement in the least restrictive environment, for all individuals with exceptional needs placed by the LEA in Head Start, and their parents, according to California Education Code Sections 56500-56506, effective California Administrative Code, Title 5, regulations and federal law and regulations. a. Shall inform Head Start personnel and parents of individual rights and protections. b. Shall inform Head Start personnel and parents of due process hearing and complaint procedures for all children placed by the LEA in Head Start, in accordance with California Education Code requirements.	1. Shall ensure that all procedural safeguards, including confidentiality of records requirements and placement in the least restrictive environment, are provided for all handicapped children and their parents, according to Education Code Sections 56500-56506, effective California Administrative Code, Title 5, and federal law and regulations. a. Shall inform parents of individual rights and protections. b. Shall inform parents of due process hearing and complaint procedures, and shall participate in hearings when requested.

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V. TRAINING AND TECHNICAL ASSISTANCE.

LOCAL PLANNING AREA/LOCAL EDUCATION AGENCY	HEAD START GRANTEE/HEAD START PROGRAM
1. Shall designate one person within the LPA to exchange inservice calendars with Head Start for coordination of training opportunities.	1. Shall designate one person within the Grantee Office to exchange inservice calendars with the LPA for coordination of training opportunities.
2. Shall offer training to Head Start personnel, as appropriate.	2. Shall offer training to LPA/LEA personnel, as appropriate.
3. Shall participate in Head Start sponsored training opportunities, as appropriate.	3. Shall participate in LPA/LEA sponsored training opportunities as appropriate.
4. Shall conduct jointly with the Head Start Grantee an orientation, as necessary, on this Agreement.	4. Shall conduct jointly with the LPA an orientation, as necessary, on this Agreement.

I. FUNDING

OCAL PLANNING AREA/LOCAL EDUCATION AGENCY	HEAD START GRANTEE/HEAD START PROGRAM
Shall explore creative methods of financing the cost of special education and related services.	1. Shall explore creative methods of financing the cost of special education and related services.
Shall finance the cost of special education and related services for all individuals with exceptional needs as specified in the IEP, and for whom the LEA is mandated to provide special education and related services, ages three years to five years, nine months, who are placed in Head Start programs.	2. Shall finance the cost of comprehensive child development services as required by Head Start regulations for all children enrolled in Head Start, ages three years to five years, nine months and shall also pay for the cost of special education and related services for all other children the Special Education Office is not mandated to serve, who are enrolled in Head Start, ages three years to five years, nine months.
May, by mutual agreement with Head Start, combine fiscal and service resources in a manner different than 2 above, provided the combination results in increased services to handicapped children.	3. May, by mutual agreement with the LEA Special Education Office, combine fiscal and service resources in a manner different than 2 above, provided the combination results in increased services to handicapped children.

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VII. ADMINISTRATION. The individual with exceptional needs and parents shall have the benefit of consistent administrative procedures.

)CAL PLANNING AREA/LOCAL EDUCATION AGENCY	HEAD START GRANTEE/HEAD START PROGRAM
The LEA Special Education Office and Head Start programs shall jointly establish a system to ensure a smooth transition of handicapped children from Head Start programs to the public schools. Written procedures on transition shall be developed and distributed no later than February 1.	1. The Head Start programs and LEA Special Education Office shall jointly establish a system to ensure a smooth transition of handicapped children from Head Start to the public schools. Written procedures on transition shall be developed and distributed no later than February 1. The procedure shall include Head Start forwarding a list of "individuals with exceptional needs" to the LEA Special Education Office.
Shall count and report the number of "individuals with exceptional needs" enrolled in Head Start for whom the LEA provides the special education and related services, in accordance with state and federal pupil count procedures.	2. Shall count and report to ACYF the unduplicated number of handicapped pupils who are enrolled in Head Start facilities in accordance with Department of Education pupil count procedures.
Shall designate an individual at the LPA level to work with the Head Start designee on problems regarding interpretation of or compliance with this Agreement. Meetings shall be scheduled to deal with needs arising in the implementation of this Agreement.	3. Shall designate an individual at the Grantee level to work with the LPA designee on problems regarding interpretation of or compliance with this Agreement. Meetings shall be scheduled to deal with needs arising in the implementation of this Agreement.
The LPA and Head Start Grantee shall jointly develop a list of geographically corresponding LEA/Head Start programs with contact persons identified at each. The list shall be distributed to each LEA no later than September 15.	4. The Head Start Grantee and LPA shall jointly develop a list of geographically corresponding LEA/Head Start programs with contact persons identified at each. The list shall be distributed to each Head Start program no later than September 15.
Shall inform the Head Start Grantee/Head Start programs immediately of any and all changes within LPA/LEA procedures and policies which may affect this Agreement.	5. Shall inform the LPA/LEA immediately of any and all changes within the Head Start Grantee/Head Start program procedures and policies which may affect this Agreement.

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ADMINISTRATION/APPROVAL SIGN-OFF SHEET

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INTERAGENCY AGREEMENT APPROVAL

This agreement is entered into this _____ day of _____, 1982 by and between the undersigned agencies.

_____

East San Gabriel Valley
Special Education Local Planning Area
Fairvalley School
1400 Ranger Drive
Covina, California 91723

_____

Puente Hills
Special Education Local Planning Area
Fairvalley School
1400 Ranger Drive
Covina, California 91723

_____

West San Gabriel Valley
Special Education Local Planning Area
Shively School
1431 North Central Avenue
El Monte, California 91733

_____

Head Start Grantee
10850 East Alondra Boulevard
Cerritos, California 90701

WAITING LISTS FOR PRESCHOOL EXPANSION PROGRAMS UNDER AB 2666

Nancy Obley-Kilborn, Administrator
Infant Preschool Unit, Special Education Division,
California State Department of Education

Waiting lists are permissible under P.L. 99-457 and State law (AB 2666). Education Code 56440 allows local educational agencies (LEAs) a phase-in period ending June 30, 1991, to serve all three through five year olds who require special education. During the phase-in period, waiting lists are allowed:

- IF the LEA is not implementing AB 2666 at the present time.

- IF the LEA is implementing AB 2666, but has increased services to the projected number of preschool children which generated the federal preschool funds received by the LEA. Any LEA within the special education local plan area that has NOT reached their projected service level can NOT start a waiting list. Only those LEAs who have reached their projected number may have a waiting list.

Local educational agencies must serve up to the number of children in this age range that were included in their projected count to generate the federal funding received by the LEA. If any LEA is not meeting their projected enrollment level, they may seek approval from the Superintendent of Public Instruction to start a waiting list. Such a request must be submitted through their special education local plan area and would constitute an amendment to their local preschool plan. Approval would require full justification that the existing circumstances make a waiting list necessary. Approval would be for one year and funding may be adjusted accordingly.

Summary

Waiting lists are allowed:

ONLY during the phase-in period from September 1, 1987 - June 30, 1991.

ONLY for those preschool aged children who do not require intensive special education.

ONLY after the LEA is serving the number of preschool aged children that were projected to generate federal funds received by the LEA.

OR

ONLY after approval by the Superintendent of Public Instruction for specified circumstances.

This handout was developed by the Infant Preschool Unit, State Department of Education for the October, 1987, training on AB 2666.

Transportation

Local education agencies (LEA) are responsible for providing transportation for preschoolers with exceptional needs just as they are for 6-21 year old individuals with exceptional needs (IWEN). This means meeting the identified transportation needs of the preschooler in order for the child to access the appropriate special education programs and services outlined on the individualized education program (IEP).

The expansion of preschool special education programs and services in California under PL 99-457 and AB 2666 is anticipated to be primarily through increased provision of itinerant models of service. The mandate to serve those preschool IWENs requiring intensive special education is already in place with programs and services to that population delivered primarily in special day classes (SDC) or through the provision of designated instructional services (DIS) as the only special education service. In SDC placements, transportation services to and from school, and to locations of any related services have been provided. Transportation to receive DIS as the only special education service has typically been provided for by the family of the eligible child without any cost to the LEA.

As indicated previously, the anticipated impact of the expansion of preschool programs under AB 2666 will be an increase in the itinerant models of delivering special education services. These models have the potential to limit transportation costs incurred by the LEAs, if parents, other agencies, or community resources provide transportation to the base non-special education program for the preschool child. Responsibility for getting the child to and from that base (non-special education) program thus remains outside special education program costs.

Criteria and options for meeting the special education transportation needs of preschoolers with exceptional needs shall be included in the local transportation policy (required pursuant to Education Code Section 56221). Options for transportation may include, but are not limited to:

(1) Parent transports child,
(2) Other agency or community program provides transportation, and
(3) Travel costs are reimbursed to assigned special education staff who provide programs and services to eligible preschoolers in the home setting or in a community preschool program (such as Head Start, state preschool, child development programs, child care centers, or other community preschool programs).

Developed by:
Virginia Reynolds, Manager, Operations, San Bernardino County Superintendent of Schools Office
Gary Seaton, SELPA Director, Sutter County

11/87

Facilities

Decisions about where to "house" the preschool special education programs include consideration of factors such as the range of placement options, age-appropriateness of settings, and interagency collaboration including contracting with other programs/agencies for existing space. Because age appropriate integration settings for preschoolers include the home or public and private preschools in the community, creative administrative solutions are possible. An advantage of the itinerant service model is that new classrooms may not be required. Space will be needed for staff office functions and for such activities as parent group meetings. Student contact can be within existing program facilities for Head Start, state preschool(s), child development centers, day care programs and/or the home.

Developed by:
Virginia Reynolds, Manager, Operations, San Bernardino County Superintendent of Schools Office
Gary Seaton, SELPA Director, Sutter County

11/87

Command? READ 1

Posted: Thu Oct 1, 1987 1:56 PM PDT Msg: HGIH-3167-4684
From: SDE
To: SPECIAL.ED
Subj: PORTABLES FOR INFANT/PRESCHOOL PROGRAMS

THE STATE ALLOCATION BOARD, YESTERDAY, MADE EMERGENCY PORTABLE CLASSROOMS FOR HANDICAPPED INFANT/PRESCHOOL PROGRAMS A FIRST PRIORITY ITEM AND APPROVED A CAP OF $5 MILLION FOR THESE FACILITIES. APPLICATIONS FOR THESE FACILITIES WILL COMPETE WITH OTHER FIRST PRIORITY CLASSIFICATIONS.. THE $5 MILLION CAP COULD FUND APPROXIMATELY 66 EMERGENCY PORTABLE CLASSROOMS.

THE BOARD ACTION IS PURSUANT TO ASSEMBLY BILL 3421 (HANNIGAN) (CHAPTER 567, STATUTES OF 1986) WHICH BECAME EFFECTIVE ON JANUARY 1, 1987.

AB 3421 AUTHORIZED THE STATE ALLOCATION BOARD TO LEASE PORTABLE CLASSROOMS TO ANY SCHOOL DISTRICT OR COUNTY SUPERINTENDENT OF SCHOOLS WHICH SERVES INFANT OR PRESCHOOL INDIVIDUALS WITH EXCEPTIONAL NEEDS.

SINCE THESE PORTABLE CLASSROOMS ARE TO BE ADEQUATELY EQUIPPED FOR INFANTS AND PRESCHOOLERS, THEY WILL COST APPROXIMATELY $75,000 EACH AS COMPARED TO $35,000 FOR THE STANDARD PORTABLE CLASSROOM MODULE.

DISTRICTS AND COUNTIES INTERESTED IN OBTAINING PORTABLES FOR THEIR HANDICAPPED INFANT/PRESCHOOL PROGRAMS SHOULD SUBMIT THEIR APPLICATIONS AS SOON AS POSSIBLE SINCE THEY WILL BE COMPETING WITH OTHER FIRST PRIORITY SUBMISSIONS.

ONLY FIVE APPLICATIONS ARE ON FILE WITH THE STATE ALLOCATION BOARD AT THIS TIME FOR THE HANDICAPPED INFANT/PRESCHOOL PORTABLES. IT WOULD BE WISE FOR THOSE WHO HAVE APPLICATIONS IN TO CHECK WITH JANINE SCHULTZ OF THE OFFICE OF LOCAL ASSISTANCE (916) 323-4936 TO DETERMINE IF THE APPLICATION IS IN ORDER. OTHERS INTERESTED IN SUBMITTING APPLICATIONS CAN ALSO CHECK WITH MS. SCHULTZ IF THERE ARE ANY QUESTIONS ABOUT THE PROCESS.

Command? BYE

This mail session is now complete.
MAIL DISCONNECTED 00 40 00:00:01:28 48 8

Least Restrictive Environment

(June 2, 1987, letter sent to the Chief State School Officers by G. Thomas Bellamy, Ph.D., Director, Office of Special Education Programs.)

"On January 30, 1979, the Division of Assistance to States sent the following response to an inquiry from Mr. Harold Burke, Director of Special Education, Alexandria Public Schools, Alexandria, VA.

"The main question raised in your letter was: must the LRE provision be implemented at the preschool level when there is a mandate to serve handicapped children but no requirement to educate nonhandicapped preschoolers. More specifically, you asked: If a local education agency (LEA) does not provide public school programs for nonhandicapped preschoolers, must the LEA enroll handicapped children in private programs in order to comply with the LRE requirement?

"First, each State must insure that a free appropriate public education is available to all handicapped children within the State-mandated age ranges and Federal timelines specified by Section 612(2) (B) of EHA, Part B. When preschool handicapped children are served, they must be provided all the rights and benefits accorded under the Act and its implementing regulations (Section 121a.300(b)(4)). The special education and related services provided to such children must be based on an individualized education program (IEP) designed to meet each child's unique needs.

"Second, under the Part B regulations, each public agency must insure (1) that to the maximum extent appropriate, handicapped children are educated with non-handicapped children, and (2) that they are only placed in special classes or separate schools when necessary for their individual needs. (See Sections 121a.550 to 121a.556). This provision applies to preschool as well as school-aged handicapped children.

"The LRE provision applies to all handicapped children receiving free appropriate public education. However, the Bureau does not interpret the provision as requiring LEAs that have no preschool program for nonhandicapped children to establish programs for those children for the sole purpose of being able to implement the LRE principle for handicapped children. Similarly, it is not the intent of this provision to compel LEAs to establish extensive contract programs with private schools which serve both handicapped and nonhandicapped children solely to implement the LRE principle.

"In jurisdictions where there are no LEA programs for nonhandicapped preschoolers, the LRE requirement must be met by an alternative means. The LEA responsible for the education of handicapped children must carefully determine whether there are any preschool programs serving nonhandicapped children to which the program for handicapped children may be linked on even a part-time basis (Head Start, for example). Further, the LEA must consider whether the program may be located in a regular school setting serving nonhandicapped school-age children. Placement decisions must be made on an individual basis in accordance with each child's IEP. Generally, the use of facilities which are separate or otherwise solely devoted to the handicapped is permissible only when necessary to meet an individual preschool child's specific needs."

Contracting

In addition to the contracting requirements stated in the Education Code 56366, local education agencies may wish to include additional agreements and understandings with nonpublic schools or agencies.

The following handout on contracting with nonpublic schools/agencies was developed by the Infant Preschool Unit, Special Education Division.

In implementing AB 2666, programs may want to consider contracting in order to:

* promote integration opportunities with nonhandicapped, age appropriate peers,
* utilize existing programs, professionals, and services with background and experience in working with young children with exceptional needs and their families.

Contracting with Nonpublic Schools/Agencies

Serving individuals through a contract with a certified nonpublic, nonsectarian school or nonpublic, nonprofit agency is strongly encouraged when these services are currently being provided and when found to be a cost effective means of providing the service (Education Code 56441.9).

In order to facilitate successful contractual relationships at the local level, Planning Associates (1986)* listed the following recommendations as part of its examination of early intervention programs. These recommendations were based on interviews with both public school and private program administrators.

* Develop clearly defined program philosophy and goals which are agreed upon by both the education agency and the contract program provider.

* Identify as administrators key individuals within both the education agency and the contracted program who are knowledgeable about and committed to the unique features of early education programs.

* Maintain frequent formal and informal contact between key individuals in the education agency and the program provider to ensure program quality, promote communication, and allow for long-range planning.

* Provide recognition of and support for the program from the larger community including parents, community agencies, and the general public.

* Promote individual and agency willingness to compromise and to be flexible within the framework of best practice and budgetary constraint.

* Clarify budget issues, including the amount of money allocated and to whom, and the existence of uncertainty about funding base for future years and extended year.

* Plan adequate financial resources for administrative and liaison duties which are critical to ensure program quality, promote communication, and allow for long-range planning.

* Develop clear agreement about the individualized education program (IEP) process so that while all legal requirements are met, the IEP setting and discussion are conducive to a meaningful exchange of information among educators, administrators, and parents (who are in the initial and highly sensitive stages of acceptance of their children's handicaps).

* Develop clear understanding and agreement about the roles of the education agency and program provider in the assessment process and eligibility determination according to state law and regulations.

* Prepare contracts which clearly state the guidelines for contractual relationships and responsibilities of each entity (e.g., invoicing procedure; program provider reports to education agency; and program provider vulnerability to changes in administration and support of infant services within the education agency).

*From: Twomey, Andersen, & Carskaddon-Riggs. *An Examination of Early Intervention Programs Funded in 1985-86 by the Special Education Division of the State Department of Education.* Sacramento, CA: Special Education Division, California State Department of Education; July, 1986.

Assessment

This section includes:

* Bibliography on Screening and Assessment of Preschoolers
  A selected bibliography listing assessment tools and references.

* Key Points in Assessment

* Practical Strategies for Quality Preschool Assessment
  Helpful hints for conducting assessments.

* Team Assessment in Early Intervention: Rationale and Philosophy (Ulrey & Brekken)
  An introduction to the rationale and philosophy of team assessment in early intervention is provided.

* Family Approach to Early Childhood Assessment (Cranor)
  Highlights the importance of family involvement and provides guidelines and suggestions on how to involve families in the assessment process.

* Development of an Early Childhood Assessment Team (Radford & Wolfe)
  A discussion of the "how" to teaming: Why Team?, Frameworks for Teaming, Developing an Assessment Team, and Team Assessment Models.

* Preschool Assessment: Clinical Considerations, Procedures and Interpretations (Ulrey)
  A framework for the team assessment of preschool age children, including behavioral observation and caregiver child interactions, is discussed.

* Linking Assessment to Program Planning (Carr)
  A framework for linking assessment to program planning is outlined.

* Sample Team Assessment Reports
  A suggested team report framework and two sample reports are provided.

* Eligibility
  Identification of individuals with exceptional needs, ages three to five years, inclusive.
  A compilation of eligibility requirements.
  Eligibility chart - A graphic outlining eligibility requirements.
  Developmental age equivalents - A quick reference.

BIBLIOGRAPHY ON SCREENING AND ASSESSMENT OF PRESCHOOLERS

Linda Brekken, Ph.D.
Shelley Harris
Michael Eastman
Personnel Development for Infant
Preschool Programs
11/87

BIBLIOGRAPHY

Developmental Screening

ABC Inventory. N. Adair and G. Blesch; age 4-6; Research Concepts, 1368 E. Airport Road, Muskegan, WI 49441; 1965; $9.40 for 100 copies.

Battelle Developmental Inventory - Screening Test. Newborg, Stock, & Wnek; ages birth through 8 years. DLM Teaching Resource, One DLM Park, P.O. Box 4000, Allen, Texas 75002; $55.00.

Brekken-Drouin Developmental Spotcheck. Linda Brekken and Chris Drouin; age 18-72 months; Therapeutic Instruction Preschool Program (TIPP), Children's Services Center, Casa Colina Hospital, 255 East Bonita Avenue, Pomona, CA 91767; $5.00.

CIP Screening Booklet. R. Reid Zehrback, Ph. D.; age 30 mo. to 6 years; Scholastic Testing Service, Inc., 480 Meyer Road, Bensenville, Illinois 60106; 1975; $75.00 kit; $5.35 Screening Booklet.

Developmental Activities Screening Inventory (DASI). R. DuBose & M. Langley; age 6-60 mo.; Teaching Resources Corp., 1977.

Developmental Indicators for the Assessment of Learning (DIAL). C. Mardell & D. Goldenberg; age 2.5-5.5; DIAL, Childcraft Education Corp., 20 Kilmer Rd., Edison, N.J. 08817; Initial cost per kit, $139.50.

Denver Developmental Screening Test. William K. Frankenburg, M.D., Josiah B. Dodds, Ph. D., Alma W. Fandal; age birth to six years; Ladoca Publishing Foundation, University of Colorado Medical Center, University of Colorado, Denver, CO 80210; 1973; $23.93.

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Key Points in Assessing Preschoolers and Their Families

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Personnel Development for Infant Preschool Programs

Assessment of young children with exceptional needs and their families requires specific expertise. Assessment is an ongoing process, which includes eligibility determination, program planning, and monitoring of children's progress. In reviewing current research and best practices, several key issues have been identified as critical in implementing high quality assessment processes. Although actual procedures may vary from program to program, it is generally agreed that the following components should be included in a preschool assessment process:

Families as Team Members. Families should be included throughout the assessment process, as informants and team members.

Transdisciplinary Team Process. Assessments must be conducted by a transciplinary team, knowledgeable in child development, atypical development and family systems. The team shares procedures, data and observations to conduct a collaborative assessment process and develop a coordinated intervention plan, with families included as part of the team.

Ecology of the Child. Assessment teams must look at the child in the context of the family, culture and community. Assessment must be conducted and interpreted within the framework of the child's environmental milieu.

Assessment Focus. The questions investigated by the assessment team must be focused to meet the information needs and concerns of the family, the referral source, and the service providers, as well as the specific requirements of determining eligibility.

Psychometrics. Choice of observation strategies and assessment measures must be made with consideration of reliability and validity of the various procedures for the child and family.

Linking Assessment to Programming. Assessment procedures must be designed to provide relevant information and suggestions for intervention strategies.

Clear Communication of Information. The assessment team should provide a report which communicates the results and findings in a clear and relevant manner to parents and program providers.

The following outline lists the elements of a well-designed preschool assessment (developed by Gordon Ulrey, Ph.D. and Marie Poulsen, Ph.D. as part of the Early Childhood Special Education Assessment Institute, 1986).

Major Components of Preschool Assessment

I. Purposes of Assessment

* To gain information about developmental levels in order to appreciate relative strengths and to ensure that program planning will not be limited to a deficit model.

* To determine differential diagnoses - e.g., Is observed language difficulty a result of hearing impairment, oral-pharyngeal structural difficulties, specific language delay, cognitive delay, visual impairment, physical disability, severe emotional disturbance, and/or child abuse, etc.

* To understand the impact that specific sensory and/or physical handicapping conditions have on emotional, social and cognitive development.

* To gain program planning information
  - Service delivery needs of family: parent support group, parent education group, respite care, behavior management strategies, developmental intervention strategies.
  - Specific intervention services for child: physical, occupational and/or speech therapies, dental/medical/nutrition referrals, infant intervention programs.

* To establish a good relationship between parent and service delivery system by: a) building a trusting relationship; and b) empowering the parents to be members of this and all future transdisciplinary teams.

II. Preplanning with Parent

* Information about purpose, procedure and time frame of assessment.
* Discussion of parent's role as member of assessment team.
* Request for medical, therapeutic and developmental records.
* Selection of best time for assessment in terms of child's feeding, sleeping and temperament patterns.
* Remind parents to bring food, drink, diapers, favorite toys, adaptive equipment.
* Check for need and provision of interpreter.

III. Areas of Specific Observation and/or Inquiry

* Parental concerns about child.
* Feeding patterns/problems.
* Sleeping patterns/problems.
* Temperament patterns: easy, difficult, slow to warm up.
* Initiation and response to persons (adults/peers), objects and events.
* Developmental milestones: motor, cognitive, language, social/emotional.
* Parental description of child's strengths.
* Neonatal, developmental and medical history.
* Experiential opportunity with objects, events and persons in the home.
* Languages spoken in home.
* Family makeup and rituals.

IV. Assessment Procedure Considerations

* Timing of assessment regarding family consideration and child's schedule.
* Rapport building with parent.
* Rapport building with child.
* Environment: heating, light, objects.
* Position of child - need for head/trunk support, adaptive equipment.
* Role of parent as team member provides for:
  a) Validation of assessment results.
  b) Complete information/history.
  c) Setting of priorities that meet child and family needs.
* Role of examiner vs. parent in standardized test procedures.
* Multiple assessments - home/school/clinic.
* Matching timing of object presentation to child's temperament.

V. Informal Assessment: Use of systematic but non-standardized procedures

* Pre-symbolic/symbolic functioning:
  - play: behavior with objects.
    behavior with persons.
    behavior with emotions.

- understand meaning of objects and events.
- pre-verbal/verbal communication and intent to communicate.
- problem-solving strategies: random, use of known schemas, trial and error, use of mental image.

* Parent child interaction sequence observations.
* Emotional development - Range of affect at home and in clinic.
* Spontaneous interaction with persons and objects - Familiar and unfamiliar in home and clinic.

VI. Formal Assessment: Use of standardized procedures

* Psychometric vs. qualitative aspects and need for test modification for:
  - hearing impaired.
  - visually impaired.
  - physically handicapped.
  - mentally retarded.
* Strategies for learning:
  - response to verbal guidance.
  - response to physical guidance (co-active movement).
  - response to modeling by examiner or parent(s).
  - attention to task demands.
  - concentration on task demands.
  - quality of exploration of materials and environment.
  - spontaneous initiation of activity with persons and objects.
  - responsivity to task and examiner and parent demands.
  - organization of materials.
* Psycho-social characteristics:
  - response to examiner vs. parent.
  - response to praise.
  - persistence with task.
  - sense of task completion.
  - sense of task accomplishment.
  - sense of sharing task accomplishment.
  - response to task shifts.

VII. Interpretation Issues

* Validity of assessment results.
* Impact of handicapping condition on cognitive assessment.
* Prematurity.
* Medical history, illnesses/hospitalizations.
* Social history.
* Experiential opportunity.
* Bi-culturalism/bi-lingualism.

VIII. Program Planning

* Setting priorities with parents.
* Referral to other agencies/disciplines.
* Service delivery program: social, medical and educational services.
* Intervention for skill acquisition.
* Intervention for social interactions.
* Intervention for making experiences meaningful.

Practical Strategies for Quality Assessments

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With the passage of A.B. 2666, California will participate in Title II of P.L. 99-457. This new federal and state legislation is intended to promote quality programs for preschoolers with exceptional needs and their families. Developing and implementing expanded preschool services to all eligible preschool children necessitates careful planning by the preschool team. Because this is a new program requiring the full range of service delivery options to serve an expanded population of preschoolers, and because there is a lack of personnel trained in assessment and service delivery to preschoolers and their families, ongoing staff development will be essential.

One of the major components of planning appropriate programs and services is the assessment process. During the first year of implementation, programs may be concerned about the increased demands on staff to quickly and effectively assess and plan programs for a number of new preschool children. Two requirements of the law which provide efficient mechanisms for assessment and program planning that programs need to consider are: 1) the use of preschool transciplinary teams, and 2) interagency coordination. The following strategies are suggestions that an early childhood assessment team may want to implement when completing quality assessments in a timely manner.

<u>You Don't Have to Do It All Yourself</u>:

In conducting assessments, preschool programs have a variety of options for assistance through the use of collaborative arrangements with other agencies and programs. Interagency collaboration is an important component of A.B. 2666 and should be used to avoid duplication of services and to ensure an approach which emphasizes the total child and family in relation to their environment, culture and community.

* Meet with other agencies (Regional Centers, California Children's Services (CCS), infant programs, Head Start, etc.) who serve young children and find out what kinds of assessments are conducted, when assessments are conducted and how that assessment information could be incorporated into the educational assessment.

* Contract out for assessment services with agencies/programs who have expertise in assessment of preschoolers with exceptional needs and their families.

* Develop an interagency assessment team to conduct assessment of children who may be served by those participating agencies.

When the preschool program conducts assessments, a transdisiplinary team approach should be used. This team should consist of a group of professionals with background and experience in assessment and service delivery for young children with exceptional needs and their families. The composition of the early childhood special education assessment team is determined by the family and child needs.

Before the Assessment:

* As part of the assessment plan, families should receive information on the purposes of the assessment, assessment procedures to be used, their role in the assessment process, information that they can contribute, and how the information will be used.

* Take time to help the family feel comfortable at each stage of the assessment process. The initial contacts with the family will set the stage for all future interactions.

* During the "Permission to Assess" conference, discuss the behaviors you plan to observe with the family. Ask that they observe these behaviors at home and bring their written observations to the assessment. This gives the family time to think about their child's strengths and weaknesses, and avoids hasty answers during the assessment. The possibility that the family will have to report back to the assessment team with additional observations is also decreased.

* If there is concern regarding the child's language development, programs might loan the family a tape recorder to tape the child's communication interactions in the home. This recording will add to the observations and language sample obtained during the assessment.

* Review information needed by the assessment team with the parent. A great deal of this information can be provided through structured parent interviews, parent observations recorded on an observation form developed by the assessment team or completion of a parent questionnaire.

* Call the family the day before the assessment appointment, to confirm the day, time and place of the meeting. This will eliminate "no shows". (If a paraprofessional, office support staff, or parent volunteer is available, they may be able to make these calls.)

* Review previous assessment reports, include current and relevant information in the new assessment. Previous reports may provide information that does not have to be re-assessed and may guide the assessment team as to what behaviors to assess.

* If the child currently participates in a program (infant program, nursery school, preschool, or child care) talk with the child's teacher/caregiver about his/her observations. This information will help to identify the assessment focus, guide the assessment team as to what behaviors to assess, and will provide information that the assessment team is not able to observe.

* Compare test protocols and have one person assess the common items.

* Hold a team assessment planning meeting before each assessment. Individualize each assessment based on the needs of the child by reviewing the case history and discussing:

  1. What are the assessment questions?

  2. Who on the assessment team needs to observe/assess this child? (All assessment team members do not need to assess all children.)

  3. How will the assessment be carried out? (Roles of assessment team members : Who will give which measure? Who will be the primary contact with the family? What is the role of the family in the assessment? Who will explain this role to the family? Who will record observations? Who will give feedback to the family?)

All children need not, and must not, receive the same assessment, since the assessment plan individualizes the assessment process to address the child and family's strengths and needs.

During the Assessment:

* Begin the assessment with a parent interview and review the parent questionnaire. The information gathered will guide the assessment by determining what additional information is needed.

* Joint observation by the assessment team members avoids testing the same skills numerous times.

* If the child's language development is in question and you have problems obtaining a language sample during the assessment, you might loan the family a tape recorder to tape the child's communication interactions in the home. This way, a second session may be eliminated.

* An observation of the child must be made in an appropriate setting, such as the home. This allows the team to observe the child interacting with family members in their familiar environment, with familiar toys. The familiar environment may put the child and family at ease and, therefore, quicken the assessment time (note that the number of people observing in the home should be limited).

* If the child currently participates in a group program (nursery school, infant program, preschool, or child care) observe the child in the group setting. This provides an opportunity for observing the child interacting with other children and adults.

* Regardless of the setting or location of the assessment, the primary goal is to make the child and family as comfortable as possible and to observe the most representative or typical behavior possible.

* Remember that assessment is an ongoing process. It is not always possible to complete the assessment in one session. A second session may need to be scheduled. Ongoing updates of the assessment should be completed as the child and family receives program services.

After the Assessment:

* Discuss your observations with the family. Do they agree? Discussing observations now will expedite the follow-up activities, as well as the IEP meeting.

* Hold a team meeting to discuss the observations. This avoids spending time trying to "catch" each other during the day, and avoids numerous discussions of one child.

* Write one assessment report. Common observations can be stated once, suggested goals or interventions can be written once. One team member can write the report, or one team member can write the common information and each discipline write their observations only.

Thorough planning as a team will result in smooth, time efficient, quality assessments.

TEAM ASSESSMENT IN EARLY INTERVENTION: RATIONALE AND PHILOSOPHY

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The purpose of this chapter is to provide an introduction to the Resource Guide. The rationale and philosophy of team assessment in early intervention is outlined. An overview of the differences in assessing the young child, as compared with the school-age child, is provided.

These materials are excerpts from Team Assessment for Early Intervention, edited by Gina Guarneri, Gordon Ulrey, Ph.D., and Linda Brekken, Ph.D. **DO NOT DUPLICATE WITHOUT PERMISSION OF THE AUTHORS.**

The development of these materials has been supported by U.S. Department of Education, Office of Special Education and Rehabilitative Services Personnel Preparation Grant #G00840061: "Early Childhood Special Education Assessment Institute."

RATIONALE FOR TEAM ASSESSMENT TRAINING MODEL

Need: As early intervention services increase in a number of service delivery systems, the need for qualified interdisciplinary staff to provide assessment services for young children with special needs and their families also increases. Because the assessment process for young children with special needs and their families has such a potential major impact, it is critical that assessments are conducted in a sensitive, professional manner. The assessment process is conducted for a number of purposes: diagnosis, placement decisions, intervention planning, and program monitoring. In response to the need for trained assessment personnel, programs should assure that assessment team members have training and experience in assessing young children with handicapping conditions and their families. However, because there are few trained professionals in this area and the rapidly expanding knowledge base in this new field, ongoing staff development is critical to the operation of quality programs.

The need for providing services to infants and preschoolers with special needs and their families has been increasingly recognized, as evidenced by the expansion of services and by state and federal legislation. A variety of surveys have indicated a nationwide need for specialized training of professionals working with this population (Ulrey, 1981). Early intervention is a relatively new field, and both preservice and inservice opportunities for the variety of professionals serving this population are not widely available. In response to the need for trained assessment personnel, an intensive eight day institute training has been designed and conducted to provide skill development and implementation training, including ongoing follow up and practicum experiences, in assessment and intervention planning for children from birth to age five with handicapping conditions and their families.

The training places particular emphasis on an ecological model of team assessment of young children with special needs and their families. In addition to presenting current research in normal development, the impact of disabling conditions on development, and parent-child interactions, the areas of major focus include multicultural issues, team process, parent-professional partnerships and linking assessment to intervention.

Assessment Philosophy: Assessment of infants and preschoolers requires specific expertise and an unique philosophical orientation. In reviewing current research and best practices, the following statements were developed by the project staff, consultants, trainers and advisory committee members, representing a variety of disciplines and service delivery settings. Although actual procedures may vary from agency to agency, it is generally agreed that practioners should consider these issues and assumptions regarding high quality assessments of young children with special needs and their families.

Ecology of Assessment - The child is seen in the context of familial, cultural and community systems. Each of these systems is changing as the child develops, and assessment personnel must take

into account the transaction and reciprocity between the child, the family, the culture and community. Assessment must be conducted and interpreted within the framework of how the child functions within these systems.

Assessment Focus - Assessment questions must be carefully defined and focused to be useful for decision making and intervention planning.

Transdisciplinary Team Process - Assessment should be conducted by a team of personnel knowledgeable in child development, atypical development, and family systems, who share procedures, data, and observations to produce a collaborative assessment process and intervention plan. Parents should be included throughout the assessment process, as informants and team members.

Linking Assessment to Programming - Assessment procedures should be selected in order to provide relevant information for intervention strategies, taking into account current information on available service delivery systems within the community.

Psychometrics - Reliable and valid measures are used, in conjunction with observational data from the team.

Communication of Results - The team produces a report which communicates clear and relevant findings to parents, the intervention program staff and other referring sources.

DIFFERENCES BETWEEN ASSESSING SCHOOL-AGE AND VERY YOUNG CHILDREN

The young child (birth-4.9 years) is not a small school-age child. The team assessment of the young child must take into consideration the important differences in thinking, motivation and experiences between the young child and the school-age child. The family, culture, and environment play a significant role in shaping the child's deveopment. Thus, they must be taken into account throughout the assessment process. These child and family differences will have the following implications on assessment:

Ecologic Assessment

* Involvement of the parent or primary caregiver is critical. Parents/caregivers can help the assessor to better relate to the child by holding, comforting, or sitting near the child. In addition, parents/caregivers can provide a wealth of information about the child's development, typical behavior, temperament, environment, routines, special needs, likes, dislikes.

* Parents or primary caregivers are important members of the assessment team. Four potential roles for parent involvement in the assessment process are:
    1. provide information,

2. assist in administering assessment tasks,
3. provide feedback on child's performance,
4. joint decision making.

* Assessment procedures should include observations of an interaction between the caregiver(s) and the child. A suggested structure for the observations includes spontaneous play, teaching the child a successful task and one that results in failure.

* The parents' perceptions and response to the child's behavior should always be observed.

* The impact of the child on caregivers and the impact of the caregiver(s) on the child must always be considered by the assessment team.

* The assessment team should determine historically how the parents expected the child to behave and how this compares with the current behaviors, perceptions and future expectations.

* Questions to consider when assessing the young child:

  . What is the attitude and expectations of caregiver(s) for the growth and development of their child?

  . What changes have occurred in the attitude and expectations of the caregiver(s) caused by the child's behavior?

  . What is the impact of the child's temperament on the caregiver(s) and family systems?

  . What family and community supports are available to the caregiver(s).

  . What cultural and socioeconomic factors may influence the assessment results?

Behaviors

* The examiner must be able to engage the child in the assessment procedures.

* The young child may not know what behaviors are expected or are appropriate because of the lack of previous experiences or developmental delay.

* Assessment procedures must involve the participation of the caregivers to obtain an adequate understanding of the ecology of the child.

* The child's behavior when relating to the examiner(s) is a critical part of the assessment.

Development

* There exists an interdependence among cognitive, language, sensorimotor and emotional factors which makes it essential to understand the child's functioning in all domains of development.

* Different levels of cognitive skills including sensorimotor, preoperational and concrete operational will impact on the assessment behavior and interpretations of results.

* All children have language and communication skills which must be observed and understood by the assessment team for accurate interpretations of results of assessment.

* The competence of the sensory and motor modalities is critical to assess when observing other developmental domains since many cognitive, language or personal social behaviors depend on sensorimotor skills.

* The child's emotional maturity is understood, to a large extent, in the context of interactions with caregivers and the assessment team.

Psychometrics

* The assessment team should always utilize multiple assessment procedures which include both standardized tests (when appropriate) and informal techniques for play observations, peer interactions and caregiver interactions.

* Standardized assessment procedures for most young children require special training and experience.

* The validity of standardized tests may be inadequate because of existing disabilities or sensorimotor impairment. The assessment team should provide a brief rationale for the assessment procedures chosen.

Team Assessment Issues

An ecologic assessment of the young child should be conducted by an assessment team which includes more than one discipline and at least one caregiver.

* The assessment team must collaborate among disciplines to avoid duplication of assessment procedures.

* The assessment team must share observations and expertise to interpret evaluation findings.

* The assessment team often must collaborate with other community agencies to avoid duplication of services and to obtain other evaluation results.

* Collaboration among disciplines in an assessment team requires sensitivity to issues of professional jargon, role definitions and boundaries, valuing input from other professionals and caregivers.

* Team assessment is effective with young children because of the overlap and interdependence of all domains of development and the expertise required to understand the whole child in the context of his environment.

* The assessment must involve the caregiver(s) on the team, facilitating exchange of observations with the family. Many behaviors are observed by the family and assessment team in common.

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Appendix A

Assessment Team Checklist for Ecologic Assessment

[] A complete health and development history was collected.

[] The child was observed in a variety of settings, including at home.

[] All tests were given in the language most familiar to the child.

[] The team was aware of and accounted for the cultural traditions the child is familiar with.

[] Hearing and vision were assessed.

[] Adaptations in the test were made if language, hearing, vision, motor, or behavior were problems which interfered with testing.

[] Information was collected about how the child interacted with caregiver(s), his brothers and sisters.

[] If the child was taking medicine that affects his attention span, willingness to work, or mood, the team made note of its effect.

[] Prematurity was accounted for when the test was scored.

[] The assessment team accounted for the child's opportunity to learn the tasks on the test.

[] The assessment team developed a good relationship with the child, which helped the child to do his best.

[] Caregivers were included in the assessment.

[] Caregivers were asked if the results were consistent with how they see their child. If they were not, their opinions and perceptions were respected.

[] The child was appropriately involved in the test activities.

[] If a health impairment (such as a hearing deficit) interfered with the child's performance on the test, a note was made of it for the record.

[] The child was observed in structured and unstructured activities.

[] The assessment team taught the child a task (and asked the caregiver(s) to) to gain information about how the child learns.

[] The child was observed in play and how he or she played was taken into account by the assessment team.

[] More than one way (or one test) was used to collect information about the child.

[] The child was feeling well and at his best. If not, another assessment was planned.

Adapted from "Components of an In-Depth Assessment: A Guide for Parents" developed by Gaye Riggs, 12/82.

FOUNDATIONS FOR A FAMILY APPROACH TO EARLY CHILDHOOD ASSESSMENT

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This chapter highlights the importance of:

* The need for a family approach to early childhood assessment
* Understanding families
* Understanding the impact of having a handicapped child on the family system
* Parent-professional partnerships
* Parent involvement and participation in the early childhood assessment
* Assessment results

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INTRODUCTION

The referral of a newborn or newly diagnosed young child to an early childhood assessment suggests a definite concern for his/her development. The assessment, although providing necessary and beneficial information to those involved with determining the direction of the child's future, frequently is a difficult and trying experience, especially for the child's family.

Parents, unlike professionals who have chosen to work with young children with special needs, rarely come prepared to meet these additional, unexpected parenting responsibilities. Professionals trained in working with children with disabilities, typically are unprepared to work with families in such a vulnerable place and time.

Families initially know little about their child's special needs, the impact the handicapping condition may have on the child and family, or services available. It is imperative that the first professionals they turn to for help offer accurate information, appropriate encouragement, and support. Understanding the vulnerability of young children and the potential influence that an initial assessment may have on the parent child interaction, the immediate family unit, and the parent professional relationship, is fundamentally important for th individuals who are involved with assessing the special needs of young children.

WHY A FAMILY APPROACH TO EARLY CHILDHOOD ASSESSMENT?

Respect for the whole child.

An early childhood assessment that has as its fundamental foundation a family focused philosophy reflects a respect for the whole child and an understanding of the child's unique and special needs. It is an interdisciplinary approach that is concerned with the optimal physical, social/emotional and cognitive development of the young child in the context of the whole family.

Placing a high priority on the child's natural interactions with others, especially his/her mother, father and siblings, the family focused assessment demonstrates an awareness that children do not operate in isolation outside the rest of the family. Because the child's development is directly and indirectly influenced by both people and events (Bronfenbrenner, 1979) a quality early childhood assessment must reflect a high regard for:

* Child's/family's strengths, not weaknesses.
* Interaction between the child, setting and significant individuals.
* Family values, cultures, and child rearing practices.
* Contributions of other team members.
* Linking assessment to intervention.
* Parent/family involvement.

Understanding the responsibilities and limitations of typical parenting.

The birth of any child will naturally affect the family in many ways. (Gregory C. Snell, 1981) Parents of newborns or newly diagnosed infants with special needs typically feel overwhelmed with feelings of vulnerability, helplessness, and inadequacy. Yet, while in the midst of experiencing grief over the child's loss, (in addition to meeting the day to day demands of caring for a young child) parents typically will be required to immediately "muster up" and take charge of their new special parenting responsibilities. It is essential that professionals understand and respect the strengths and limitations of normal parenting when working with families of children with special needs.

Basic understanding of normal parenting would include the following premises:

* A parent is always a person first. Having a child is one part of a person's many roles. (Leo Buscaglia, 1983)
* Parents are the most capable, consistent long-term care providers, teachers, and advocates for their child.
* Parents teach their children the acquisition of culture, values and self identity.
* Parents provide for the child's basic needs.
* Parents are typically unprepared to meet all the child's special needs.
* Parents need to team with professionals to provide an extension of their own skills in order to best help their child.

Responsibilities to child

It is because of our knowledge that every child's development is greatly influenced by both the people and events in his/her young life, as well as our understanding of families and their need for assistance, that we are dedicated to a family approach to assessment and intervention.

Knowing we have a responsibility to aid a child in becoming competent in his/her development while integrating that special need as naturally as possible into his/her life, forces one to look closely at how one will most successfully meet this challenge.

Basic assumptions for consideration:

* Vulnerability of special needs children
  - . limited ability to choose their own paths
  - . directions they may go in:
    - love
    - nurturing
    - abuse
    - neglect
* Vulnerability of parenting and families
  - . commitment to help families help their children

. by providing services/support
. strengthening families ability to meet families needs

* Value of intervention
. knowledge of potential impact of successful intervention on child/family
. value to child of parents and professionals working together

PARENT PROFESSIONAL PARTNERSHIPS

In order to obtain an early childhood assessment that accurately reflects the young child's special needs within the context of the whole child, a successful parent professional partnership is essential. Because infant and preschool assessment focuses so strongly on close working relationships with parents, the early childhood assessment team has an enormus opportunity to affect positive growth in both the child and parent, consequently building a base for families that may last a life time.

Parents typically come to the assessment process feeling helpless and frequently are looking to the assessment team as the experts. It is apparent that professionals must make an extra effort in establishing the groundwork for this partnership.

What professionals can do to foster this relationship:

* Be sensitive to parent feelings.

* Treat parents as equals.

* Empower parents to be involved in decision making.

Parent feelings about assessment.

While it is normal and typical for parents to be experiencing feelings of grief over the loss of their perfect child, it is also normal for parents to have feelings of ambivalence and anxiety about the initial assessment. Not only are parents unfamiliar with the assessment process, they may be feeling worried about the extent to which the disability will impact on the child and family's life. It is important for professionals to be sensitive to the feelings of parents at this time, understanding that this situation would be difficult for anyone to experience.

Common feelings parents of young children may have about assessment:
. nervous and frightened
not familiar with assessment process
wondering what will be assessed
worried if child will do well
worried about implications of results
worried about how professionals will view them
concerned about how they'll be treated.

- sadness
  - acknowledgement of concern is often sad
  - may be first time concerns have been shared outside family
  - may be first time concerns have been validated
  - assessment process is a reminder of child's problems
  - assessment tends to focus on what's wrong
  - surfacing of feelings of grief.
- confusion
  - mixed feelings about having child assessed
  - mixed feelings about child
  - lack of clear diagnosis
  - differing opinions from doctors
  - lack of/mixed information about resources.
- relief
  - feeling that support and help is available
  - results may validate parent concerns
  - may answer questions
  - give parents feeling they can do something.
- concerns
  - emotional impact the assessment has on the child (particularly the preschool aged child who is aware that something unusual is happening).
  - how to emotionally prepare the child for the assessment
  - how parent will address the child's feelings about his/her disability later in life.

Parent as a team member/what does that mean?

Partnerships between parents and professionals need to involve working together on an equal basis, valuing each other's input and using each other's strengths. For parents, being part of the assessment team is a new "ball game" and they need to be "taught the ropes."

* Parents deserve to know the rules:
  - It is the professionals responsibility to explain the purpose and procedures of assessment.
  - It is the professional's responsibility to educate parents to the importance and value of their input.
  - Parents need to be informed about what is being looked at during assessment - specifics.
* Parents need to know what position they play:
  - Role of family needs to be clarified.
  - Parents need to be informed how they specifically will participate.
* Parents/professionals need to agree on goals:
  - Are there parent concerns?
  - Are there parent expectations of the assessment?
  - What does the parent need from the assessment?
  - What is the process for sharing outcomes?

Empowering of parents.

Parents of newborns or newly diagnosed young children especially look to professionals as the experts. Offering parents the opportunity to recognize their strengths, as well as their areas of needed support, should be one of the primary goals of professionals. Supporting parents while at the same time empowering them through an exchange of skills, knowledge, and competencies, is the responsibility of professionals working with families of young children with special needs.

By presenting a positive attitude, providing needed information, and helping parents feel control by involving them in decision making, professionals can begin to build true partnerships with families. At the same time professionals are establishing rapport and learning from parents about their child, parents are beginning to establish a feeling of control and competency.

PARENT INVOLVEMENT AND PARTICIPATION IN EARLY CHILDHOOD ASSESSMENT

In order for an early childhood assessment to reflect the total picture of the young child with special needs, and therefore be valuable to all those involved with helping the child, involvement of either the parent or the child's primary caregiver is essential. Because a quality assessment is the process by which everyone brings their area of expertise together, parents and professionals need to work in a partnership. Provided the opportunity, parents can be appropriately involved throughout the assessment process in a number of invaluable ways:

* As a primary resource for information.
* Providing assistance during the assessment.
* Assessing the quality of child performance.

Research studies have verified the validity of parent observations of their child and have indicated that families are the most accurate sources of information about their child (Lisbeth Vincent, 1980). It is the responsibility of the professional team conducting the assessment to assure that the expertise of the parent is reflected in the assessment. The team needs to help parents recognize their own area of expertise by offering them opportunities for participation and by treating them as valued partners.

Specific areas of family participation in assessment.

* Family as a primary resource (Lisbeth Vincent).
  - Providing information about child
    - importance of getting information from key family members
      - primary care provider
      - decision maker
  - Providing input
    - thoughts

strategies
concerns
Participation in formalizing assessment goals
Participating in parent/family interview or assessment

* Parent participation in the actual assessment may be encouraged in a number of ways:
  - Administer some test items
  - Conduct a play session with child
  - Help assessor better relate to child by:
    holding
    sitting near
    separating from
    comforting/explaining
  - Involve other family members for purpose of observations in interaction
  - Complete a parent assessment tool at home.

* Parents, the most obvious provider of resources, have many resources right at their finger tips:

  - Providing records and reports
  - Offering their skills - demonstrate what works best with child
  - Providing the use of their home fo home assessment, so child can be seen in natural environment.
  - Providing special equipment
    for proper positioning
    toys
    special things from home
      photographs
      something child is fond of

* Parents, because they know their child better than anyone else, can be a valid assessor:
  - Was this typical performance?
  - Was anything unusual or surprising?
  - Were other concerns surfaced?
  - Complete assessment evaluation ("Components of an In-Depth Assessment: A Guide for Parents", developed by Gaye Riggs.)

ASSESSMENT RESULTS

Even when caring and skilled professionals have conducted the assessment and teamed well with the young child's parents, sharing the assessment results is often a very difficult experience. Parents understandably may approach the assessment with conflicting feelings. Often, not only are the family members in the midst of coping with the emotional dynamics of having a child with a handicapping condition, they are also struggling with the anxiety of not knowing how disabled their child will be. To see in writing what parents may or may not know to be fact, or

to hear out loud for the first time the extent to which their child's disability has affected his/her development, may cause extreme stress and sometimes unexpected shock for the parent. Professional sensitivity around the issues of the assessment impact and conveying the assessment results to the family is vitally important in helping the young child. Better understanding the potential dynamics around the assessment, will aid professionals in their ability to help families at this time.

Potential Impact of Assessment/Importance of Professional Awareness

* The impact of the assessment may be great.
  - negative/positive
  - influence on intervention at home and program
  - may determine eligibility
* The assessment impacts on a number of individuals.
  - child
  - siblings
  - parents
    It is important to include the critical people in child's life
    encourage both parents to attend
    suggest parent bring a support person
  - other professionals who will work with child
* May influence how parents feel about child and his/her handicap
  - provides opportunity for professional to help parent in this area
  - provides opportunity for professional to set the stage for positive intervention in infant program or special services from other agencies
* Impact of the report
  - awareness that written material has a lasting impact, remains in child's files forever
  - may be used by professionals that influence child's future, but never see child
  - need to focus on whole child emphasizing strengths as well as addressing concerns
  - needs to be written so parents and other professionals can easily understand
  - may include a parent section
  - need to discuss/suggest options for intervention at home and in program

Parent feelings about receiving results.

* Fear of results
  - parents/siblings may feel they caused the problem
  - importance of addressing real or fantasized cause
  - siblings need reassurance they were not the cause
  - professionals need to remind parents to discuss this with their children
    not neglecting feelings of child or siblings
    children need information given in appropriate manner
    simple language
  - professionals may help parents with suggestions for dealing with their children's fears.

* Fear of implications of results
  - what does this mean relative to child's/parent's future?
  - what next -- importance of linking to intervention
  - concern about meeting child's special needs -
    not having role model for parenting
    importance of emphasizing normal parenting and normal parent-child relationships
    not focusing only on special needs of child
  - worry about working with other agencies
    not familiar with delivery systems
    will child qualify for services?
  - implications of special services/special education
    frightening
    confusing
    cultural/value implications

Communication of results.

Presenting sad information to parents about their young child's special needs is the most difficult task professionals involved with the early childhood assessment will be required to perform. Rarely are individuals in early education prepared to work with parents in this manner. And, rarely are professionals prepared for the personal impact these experiences may have on their own feelings. There is no easy way to convey this sensitive information to another individual, consequently one may feel varying degrees of inadequacy and discomfort in this role. Parents, however, need to receive concise accurate information about their child's development, told with sensitivity and support.

By being empathic and non-judgmental along with providing opportunities for parents to openly share their feelings, professionals will be helping to facilitate the growth of the families they are working with.

* Provide concise, accurate, honest information with care and sensitivity
  - help parent decide how information will be shared with other family members
  - emphasize whole child
    child's areas of strengths as well as concern
  - try not to overwhelm family with too many details
    confusion may result from too much information
    may want to focus on 2 or 3 areas
    language may not be familiar
    review purpose of evaluation
* Ask questions frequently/be a good listener
  - Are there misconceptions?
  - Is this information in conflict with other information?
  - Are there cultural implications?
    being aware of these may avoid conflicts
  - In what way may professionals be able to help?

* Offer families time to express grief and support them in that experience.
  - understand that grief is normal and healthy
    share that information with family
  - help parents feel it's okay to show feelings
  - professionals need to be sensitive about what they say
    avoidance of trite phrases that attempt to wrap up major problems
  - need for professional patience
  - understand that presenting sad information may bring out anger, guilt, denial
    not professionals' fault
    difference between parent grieving through anger and "real" anger about insensitivity of professionals
  - importance of not being judgmental
    parent feeling they are being analyzed
    erodes parent self-esteem
    interferes with normal grieving process
    puts parents on defensive
    destructive to parent/professional relationship
    not in best interest of child, family or professional

Linking assessment results to intervention.

The goal of early childhood assessment is to develope a plan for intervention that integrates the child's identified needs naturally into the normal life of the child and family. Successful intervention is critically linked, not only to what has been stated in the written report, but more so to the positive exchange of that knowledge.

Areas to consider:

* Is there a need for further assessment?
  - Explanation of reason to parents
  - Who will carry out?
    are there options?
    does team recommend someone?
  - Who will make contact?
  - What agencies need to be involved?
    importance of interagency coordination
* Are there recommendations for intervention?
  - Why?
  - Explanation of early intervention.
  - What are the intervention options?
    looking at child and family needs and priorities
  - What does team recommend for intervention?
  - Who will organize contacts?
  - Explanation of roles of different agencies.
* Linking assessment to family.
  - Provide encouragement, moral support.
  - Provide assurance
    praise parents for abilities and family's strengths
    sometimes never heard

- Help parents use their home and natural interactions to teach child.
- Develop an intervention plan that fits well into family routines and schedules.
- Acknowledge that parents of children with special needs have very little spare time.
- Provide resources for parent support.
  - parent groups
  - sibling groups
  - articles
  - books
  - acknowledgement that parent is the most important/ long term person in child's life.

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DEVELOPMENT OF AN EARLY CHILDHOOD ASSESSMENT TEAM

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Team assessment requires that time and effort be spent on developing working relationships with team members. This chapter discusses the "how" to teaming: why team, frameworks for teaming, developing an assessment team, and team assessment models.

These materials are excerpts from Team Assessment for Early Intervention, edited by Gina Guarneri, Gordon Ulrey, Ph.D., and Linda Brekken, Ph.D.
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WHY A TEAM APPROACH TO ASSESSMENT IS NECESSARY

A child's growth and development is a complex and multi-faceted process influenced by the family; the child's temperament, learning style, health and developmental pattern; and the community and culture in which the child lives. Because of the dynamic interplay among each of these factors, they must all be considered to obtain an accurate asssessment of the child's and family's strengths and needs. This "holistic approach" requires parents and professionals from a variety of disciplines and backgrounds to work together during the assessment process. By integrating the knowledge and perspective of each team member, a total picture can be obtained and an effective plan of intervention for the child and family can be developed.

The benefits of a team approach include:

* more efficient use of time for the professionals, the child and the family
* encourages active involvement of family members
* less duplication and gaps in the assessment process
* the combining and sharing of expertise
* learning from one another (professional/family, professional/professional)
* more efficient information sharing
* a structure for ongoing communication
* a reduction in possible misinterpretation of assessment findings based on a single viewpoint
* integrating various recommendations into a coordinated plan
* more usable assessment information
* sharing of responsibility
* increased professional accountability
* a system for families and professionals to engage in joint problem solving.

WHAT AND WHO CONSTITUTES AN ASSESSMENT TEAM

A team is a group of people working together and problem solving to reach shared goals. An important underlying principle in a "team" approach to assessment is that "the whole is greater than the sum of its parts." An assessment team evolves as families and individual staff

members come to understand and respect each other's perspective. By integrating their findings and recommendations, the team is able to provide a "whole" picture of the child's and family's strengths and needs.

Ideally, it would be wonderful to have people from every possible discipline willing and available to work together with children and families in an atmosphere of interagency and community support. While reality generally falls short of this ideal, effective teaming is possible. Local and agency resources often shape the composition of the "core" assessment team. However, it is important to consider the purpose of each assessment and what concerns must be addressed by the assessment process for each child and family. Since these factors will vary from one assessment to another, assessment teams will need to involve the disciplines and agencies most able to respond to the concerns in each assessment. There is no one team composition that will be right for every situation. In addition to the parents, other assessment team members might include:

Grandparents, brothers and sisters, and other relatives or close family friends
Audiologists
Otolaryngologists
Speech/Language Therapists and Pathologists
Dentists
Neurologists
Nutritionists
Occupational Therapists
Ophthalmologists
Opticians
Optometrists
Orthopedists
Orthotists
Pediatricians
Physical Therapists
Psychiatrists
Psychologists
Social Workers
Nurses
Teachers
Child Care Providers
Child Development Specialists
Family Counselors
Special Educators
Other Specialty Physicians (cardiologists, hematologists etc.)

Although not exhaustive, this list illustrates the fact that people from a variety of perspectives and expertise each have a valuable contribution to make in the team approach.

Family members are a vital component of the assessment team. They provide valuable information, assist in planning, and may be active in the actual assessment. Refer to "Foundations for Family Approach to

Early Childhood Assessment" for further discussion in the role of the family in assessment.

FRAMEWORKS FOR TEAMING

The concept of "teaming" is not a new issue. The importance and value of input from a variety of perspectives has long been recognized as a need in serving children with special needs and their families.

Recognizing the benefits of gathering information from professionals of various backgrounds and perspectives has provided the impetus for a team approach to assessment. In recent years, the Interdisciplinary and Transdisciplinary framework for teaming have emerged.

Multidisciplinary

Gathering information and ideas from many different professionals has traditionally been called a multidisciplinary approach. In this framework, persons from different disciplines conduct their own assessments and present their findings and recommendations to one another from a "discipline perspective." The multidisciplinary team approach provides a wider view of the child and family than would otherwise occur if each professional worked independently. While this is a step in the right direction, this approach is limited in its usefulness as a model for comprehensive and well coordinated assessments of young children with special needs. A multidisciplinary approach frequently results in:

* duplication of effort as each professional often seeks the same information from the family and elicits similiar responses from the child
* numerous appointments for the child and family with each specialist
* different and, at times, conflicting interpretations of the child's performance and strengths and needs
* gaps and fragmentation in follow-up recommendations and strategies for intervention.

While the multidisciplinary team approach does provide a more complete picture of child and family needs than can be obtained when only one professional is involved in the assessment, this appraoch does not emphasize integration of the different perspectives. The end result is often that the family is left to sort out, make sense of, and put together the information and suggestions.

Interdisciplinary

The interdisciplinary team framework recognizes the interrelatedness and overlap among different disciplines. Team members working within this framework are committed to sharing and informing one another. Though

interdisciplinary team members are generally concerned with intergrating their perspectives and findings, they generally tend to maintain the borders and parameters of their own discipline during the actual assessment process.

Key aspects of the Interdisciplinary Team approach are:

* team members assess the child in the same environment
* there is more communication between the disciplines around the interpretation of the assessment findings and the recommendations for intervention
* there is less duplication and fragmentation in the assessment
* fewer appointments are needed for the child and family
* children and families continue to work with several different people, each of whom generally concentate on their area of expertise
* when assessment activities overlap, disagreement between professionals from different disciplines may arise as to whose role/responsibility it is to administer a particular task or section of the assessment
* once assessment findings are shared, the focus of intervention is in the area of greatest need and will typically revolve around a discipline-specific remediation plan.

Transdisciplinary

A trandisciplinary team framework is also based in the interrelatedness of disciplines. But, it takes the aspect of interrelatedness one step further to interweave the discipline perspectives by having team members teach and train one another in their areas of expertise. There is a belief that each profession offers a valuable and unique prespective but different team members, with on-going training and support, can learn to carry out assessments and intervention programs that incorporate key aspects of other disciplines. This is not to say that one discipline subsumes the roles of another discipline. Each professional on a transdisciplinary team is committed to learning how to mesh the perspective and techniques of others into their own repetoire, while relying on the expertise of persons from other disciplines for the support and direction to do so.

Key aspects of Transdisciplinary Team approach are:

* sharing of roles and responsibilities among disciplines
* more integration of "discipline" specific techniques
* provides a philosophical structure for arriving at a team consensus

* usually reduces the number of different people who have contact with the child and family

* more opportunity for parents to be active participants in the team assessment

* initially may take more time to effectively develop this teaming model and to have all members teach and learn from one another

* may not easily mesh with existing discipline-specified roles and responsibilities and the traditions of the larger agency and related policies.

* may require new approaches to scheduling and to obtaining financial reimbursements.

A commonly expressed concern of transdisciplinary teaming is that one person can be taught to "do it all" without ongoing assistance and input from team members. When transdisciplinary teaming is carried out effectively, this is impossible. A key concept is the ongoing learning and support that team members provide for one another.

"Inter" and "trans" disciplinary teams are generally more alike than different and the terms are sometimes used interchangably. Typically, the important distinguishinging aspect between these two frameworks is that there is a greater degree of role release and more sharing and interdependence among team members in the transdisciplinary model.

CONSIDERATIONS FOR DEVELOPING AN ASSESSMENT TEAM

There is great variation between the many agencies that serve young children with special needs and their families. As a result, assessment teams and the process for assessing young children and working with families will vary from program to program and agency to agency. Agencies that are developing a team assessment model must consider the community and system the team will work in. The program resources, needs of children and families, and needs of staff should be reflected in the team assessment model. (See Training Issues chapter, "Team assessment model development issues.") Each team will have has its own criteria, composition, special focus, policies, procedures and unique way of conducting assessments. Despite these diffferences, there are some common elements to the development of successful teams. These include:

Developing a Philosophy of Team Assessment - It is important for administrators, staff members and whenever possible parents, to discuss and establish a set of common attitudes, values and beliefs regarding what constitutes a quality assessment for young children with special needs and families. A common philosophy serves as the basis for structure and decision making in all aspects of team development. Teams often find that when their philospohy is not

clearly developed and defined, the team has recurring difficulty in deciding who, how and what things get done.

Establishing the Goals of the Assessment Team - The team's philosophy provides the base for setting the goals and purpose of the assessment and for clarifying the objectives or procedures that will be used by the assessment team. Like the team philosophy, the goals should be clearly stated, easily conveyed to others, evident throughout the assessment and periodically reviewed by the assessment team.

Clarifying the Assessment Team Priorities - There is always more to be done than can be accomplished in any assessment. Given that the team goals could be reached in a variety of ways, it is important for assessment teams to establish priorities for action. Clearly defined priorities lead to more effective team decision making and help delineate the scope of work for all team members.

Identifying Specific Tasks - With consensus on philosophy, goals and priorities the team will need to identify the specific or tangible steps and actions that are important to include in each assessment.

Delineating the Skills Needed by the Team - Rather than focusing only on the disciplines or titles of people who should be included in the assessment team, it is more beneficial to focus on the skills that are needed to reach team goals. An example of this might be defining the need for someone with knowledge and experience in working with "typical" children rather than identifying the need for a person with an M.A. in a specific field.

Defining and Negotiating Roles and Responsibilities - A team approach to assessment often involves the redefinition and renegotiation of more traditional, discipline-specific descriptions of roles and responsibilities. This requires staff committment to teaching and learning from one another and a willingness to define one's role and responsibilities in relationship to other team members and the unique needs in each assessment.

Creating a System for Team Support - There is more to teaming than the specific activities that occur within the assessment. A positive team environment and high staff morale are key components of successful teams and require scheduling time and opportunities for team members to support one another.

Understanding Team Decision Making - Every team has a process for making decisions but not all teams are clear about how that happens. Teams frequently operate in a democratic and colleagial fashion and may have problems defining a structure and administrative framework for making decisions. Most successful teams have found it beneficial to identify what decisions need to be made, who needs to be involved, and how decisions are made.

Establishing Linkages with Other Programs and Services - Organizational and administrative support is needed to make the team concept and practice a viable and continuing one. In addition, coordination with other agencies and professionals is needed to insure that the services received by children and families are well coordinated. Team members will need to identify strategies to keep larger systems and other community agencies informed and supportive of the team assessment process.

Planning for Ongoing Team Development - Assessment teams need to periodically assess their strengths, needs, accomplishments and barriers to reaching their goals. Based on this evaluation, a realistic plan for staff, team and program development can be established to reinforce the structure and function of the team.

COMMON CONCERNS AND QUESTIONS ABOUT TEAMING

Team Models

Q. TEAMING SOUNDS LIKE A GREAT IDEA, BUT HOW DO WE ACTUALLY DO IT?

There is no one way to conduct a team assessment. The philosophy, goals, resources, policies and expertise of each agency will shape the development of the assessment team. Several other factors including the purpose of the assessment, the cultural and community context of the child and family, and the methods that appear most appropriate to obtaining an accurate picture of the child and family's strengths and needs, are important in determining how the team assessment will occur.

There appear to be four phases to the assessment process:
* referral, intake and assessment planning
* assessment of child and family strengths and needs
* analysis, discussion and coordination of assessment findings
* recommendations and follow-up.

It is helpful to look at each of these phases when designing the assessment team process and procedures for your setting; different team members may have different roles and responsibilities during each of these phases.

Some of the more common practices include (but aren't limited to):
* having 2 or 3 team members (usually those with experience in working with families and in the area of the child's need) actually complete all phases of the assessment as other team members provide initial input, suggestions while the assessment is being conducted, and participate in the analysis and recommendations.

* having a core of 2 or more team members that are responsible for completing all phases of the assessment and deciding which other agency and community resources should be included in the process.

* having all team members participate in and assume various roles and responsibilities throughout the entire assessment process.

* having all team members participate in specific phases of the assessment process based on predetermined roles which are largely discipline specific and who may not cross one another until the analysis and recomendations phases.

How to Team

Q. EVERYBODY ON OUR TEAM HAS SO MANY GOOD IDEAS AND THERE'S SO MUCH TO DO BUT NEVER ENOUGH TIME! HELP!

There will never be enough time and energy to implement all the good ideas a team can generate. An important plus of teaming is the brainstorming and creativity that is generated. Part of the problem is remaining focused and on task. When your team feels overwhelmed and/or when you're planning for the future, it's a good idea to review your team's philosophy, goals, accomplishments and, most importantly, the priorities that have been established. This information may help you deal with the realities of today and provide some guidance for reallocating, revising or redirecting your resources and efforts. This process can also point to the need for locating and working with other resources to expand and/or enhance your services.

There may also be a personal note to those feelings of being overwhelmed and understaffed ... Sometimes, it's helpful just to acknowledge the feelings and don't try to do anything...listening and team support may be enough.

Q. WE CAN CLEARLY SEE THE ADVANTAGES OF TEAM ASSESSMENT, BUT WON'T IT REQUIRE LOTS OF EXTRA STAFF TIME AND MEETINGS?

Staff time and productivity can actually be maximized when meetings are well planned and efficiently run. Effective team meetings provide a way for staff to share observations and information, generate and discuss alternatives and reach consensus on recommendations and follow-up.

There are several ways to help insure that your team meetings will be productive and efficient. Teams need to discuss and decide when, where, and how often they will meet and for how long. This will vary according to the location of the teams, the purpose for the meeting, and availability of meeting space and time constraints of team members.

The purpose of the meeting needs to be established prior to the actual meeting time. One good way to accomplish this is to plan an agenda and circulate it prior to the meeting. This assists team members in understanding the goals and objectives of the meeting, coming prepared to share relevant information and bringing needed materials.

Simple "meeting etiquette" can greatly enhance the productivity of your meeting. A few suggestions are:

* Begin and end the meeting at the specified times
* Establish the agenda early in the meeting
* Encourage all members to actively participate
* Avoid getting sidetracked, keep team attention focused on the task at hand
* Keep a written record of team discussions and decisions
* When specific tasks to be done are identified, clarify each team member's responsibility and set a timeline for task completion
* Evaluate the accomplishments of the meeting
* Set a date and time for the next meeting
* When appropriate, distribute meeting notes to team members following the meeting.

Meeting roles (such as chairperson or recorder) may be assigned, may rotate in a scheduled way or may shift over time as the needs of the team change. Above all, remember that every team member makes an important contribution to the team meeting not only for their expertise and skill, but also because of the role they assume in helping the team function smoothly.

Conflict

Q. WE WERE ALL CHOOSEN TO FORM THIS TEAM BECAUSE OF OUR DIFFERENT STYLES AND SKILLS BUT WE'RE HAVING DIFFICULTY WORKING TOGETHER. ANY IDEAS?

You've recognized the fact that each of you has a different style and different skills, now you can use this insight to identify what each of you can learn from and teach one another. If you haven't already done so, provide opportunities for each member to discuss his/her philosophy towards assessment and something about their background. Acknowledge that each person has something to contribute to the team and that there will probably be overlap in areas of skill and expertise. Allow team members to clarify their personal and professional likes and dislikes as they relate to working on the team. Ask what support is needed from others to function effectively as team members.

Focus on what needs to get done in order to reach the team goals, staying within the team's priorities. Avoid blaming others for what does or doesn't get done. Identify ways that team member's skills and preferences can support and compliment one another to get the job done.

Individual work styles, as well as professional expertise, are valuable assets that each member brings to the team. It's important to identify the working styles of each of the team member and to view each style in

a positive perspective. If styles are identified in this way, they can be meshed to compliment one another. For example, someone who likes to generate new ideas (the more the better!) may work best with someone who limits the focus of the task and likes to bring activities to closure. Conversely, those who like to bring projects to closure (quickly) may need help from others to consider all of the important variables before making final decisions.

Finally, a team approach works best when its members are flexible and willing to negotiate their roles and responsibilities within the context of the skills and styles of other team members.

Q. IN TEAMING WE VALUE EVERYONE'S INPUT AND EXPERTISE BUT WHAT DO WE DO WHEN WE DISAGREE... STRONGLY?

The first step in solving conflict is prevention. Examples of "preventive medicine" are:

* planned time to discuss "how the team is doing."

* discuss, decide and write down group norms and values - review periodically.

* review team philosophy annually.

* anticipate possible stressful times (adding/losing staff, budget problems) and decide on a plan for handling them.

Disagreements can be healthly especially when they're focused on issues rather than personalities. Discussion from disagreements leads to clarification of the team's goals, purpose, and operating principles. A few ideas on how to stay on the track are:

* time to discuss disagreements

* verify the facts, clarify assumptions and fill-in missing bits of information

* review group norms/values - are they being practiced?

* acknowledge different belief systems regarding the issue at hand and look for how each belief system may contribute to defining and solving the problem.

* clarify what the issues are - stating concrete, observable behaviors.

* acknowledge/ find evidence that supports the notion that there are different ways to get to the same place or reach the same goal.

* agree on specific actions that those in conflict can support.

* realize that resolving conflict takes time and requires a supportive environment in order to be addressed or resolved.

* listen for areas of agreement and use these areas as a springboard for constructive problem solving.

* always remember humor helps...at the right time.

When it becomes apparent that there is repeated conflict that doesn't relate to specific issues, it may be time to consider the more interpersonal aspects of teaming. It may be inappropriate for the whole team to become involved in conflict between specific people. In this case, it may be best to encourage more discussion between those who disagree outside the team situation. At other times, it may help for the team to work on identifying the conflict and providing team support and ideas for working through the conflict. Outside facilitators may also provide a more objective assessment of the conflict and assist teams in resolving issues.

Staff

Q. WE'D LIKE TO HAVE A COMPLETE ASSESSMENT TEAM INCLUDING PEOPLE FROM A WIDE VARIETY OF BACKGROUNDS BUT OUR ADMINISTRATORS SAY THAT WE ONLY HAVE ENOUGH FUNDING FOR TWO OF US. WHO DO WE CHOOSE?

With funding for two full time positions, there are many different options for developing an assessment team. You may form a core team of two people as discussed in the first question. Remember that two full time positions can translate into several part time positions for people from different backgrounds. You may want to work with the concept of hiring consultants to work with the team on specific aspects of the assessment process. Another important and often overlooked solution can be found in working with agencies in your community to form an interagency assessment team that combines the resources and expertise of each into a common process.

It's important to remember that while today's constraints may limit your immediate ability or actions as a team, it is possible to promote changes within systems, to develop new ways of addressing team assessment issues, and to create new alternatives for assessment.

Administrative Support

Q. THERE ARE SEVERAL OF US WHO HAVE BEEN DOING ASSESSMENTS SEPARATELY AND THINK A TEAM APPROACH IS A GOOD IDEA. HOW CAN WE CONVINCE OUR ADMINISTRATORS?

It's important to recognize that most people are trying to do the best job they can and that administrators are no exception. Sometimes however, administrators are faced with issues of limited funding, space, personnel (just to name a few biggies) and these issues may overshadow more service related issues and needs. Therefore, it's important for those of you interested in teaming to:

* identify as clearly as possible, what, in the administrator's perception, are the constraints to forming and developing an assessment team...be sensitive to the administrator's needs and pressures.

* involve administrators in problem solving around the issues and need for a team approach....this may need to occur over time and may not be resolved immediately.

* enlist the support of parents, key agency personnel and/or other members of the community in preparing information and/or a presentation on the benefits of teaming.

* consider a variety of ways to implement the teaming process noting the pro's and con's of each approach and how each could support the goals of your agency.

Evaluation

Q. SOME ASPECTS OF THE WAY WE DO ASSESSMENTS ARE GREAT, OTHER ASPECTS AREN'T SO GREAT. WHERE DO WE GO FROM HERE?

It is important for all teams to periodically evaluate their efforts and to systematically identify their strengths, their accomplishments and their continuing needs. Assessing the "wellness" of the team helps to frame this process in a positive light, avoids the problems associated with focusing only on what is wrong or hasn't been accomplished, and creates an atmosphere for productive and creative problem solving among team members.

Evaluating and revising the efforts of your team can be done in several different ways, depending on the the goals of and the resources allocated to such a process. Teams may choose to focus on how well they are working together by reviewing their philosophy, goals and priorities to determine if and how their actions are working within this context. The considerations for developing a team approach discussed in the previous section may provide the framework for this type of team evaluation and generate discussion and new ideas about how the team should proceed. Another approach to evaluating, revising, and/or revamping the team approach is to focus on the more personal or psycho-dynamic aspects of teaming. This would include evaluating how team members feel about:

* the overall goals of the program
* their roles and responsibilities
* any role conflicts that may exist among team members
* their own participation and influence on the team
* their committment and the committment of others to the team approach
* how they and the rest of the team manage conflict and make decisions about important aspects of the program
* the overall support for the team process.

This approach allows individuals to express their feelings about working together with other team members and may help to pinpoint particular problems that need further attention as well as provide a focus for areas that both hinder and support effective teaming.

Ideally, it is helpful to look at both aspects of teaming - issues related to how and what work is being done and feelings about how well the members of the team are working together. In both cases it is important to focus on what will help the team and its individual members work together more effectively to provide comprehensive and well-coordinated assessments for the children and families they serve.

Finally, remember to prioritize needs for team development before launching into action strategies. Limit the areas that need more attention and/or further development so that the team can see its own progress and feel successful.

Resources

Q. WE'D LIKE TO START ASSESSING CHILDREN AS A TEAM. HOW DO WE BEGIN?

In addition to the information and materials in this publication, there are many other reference materials that may provide you with ideas and suggestions for developing a team. In California, there are many different resource persons and agencies that can be of assistance. Information and assistance in this area can be obtained by contacting the Infant Preschool Unit of the Dept. of Education-Special Education Division, and Personnel Development for Infant Preschool Programs and its demonstration training sites, agencies involved in early education and other specially funded model projects.

Annotated Bibliography

Allen, K. E., Holm, V. A., & Schiefelbusch, R.L. (Eds.). Early Intervention - A Team Approach. Baltimore, MD: University Park Press, 1978.

This book is an excellent reference for team and early intervention program development. Chapters highlight different aspects of early intervention with the majority of chapters focused on developing a team approach. The chapter, "Interdisciplinary Child Development Team: Team Issues and Training in Interdisciplinariness" provides an excellent overview of the major issues related to developing and maintaining a team approach. The areas discussed include team philosophy, team composition, professional roles and responsibilities, leadership, team meeting strategies, teaming models and training needs.

Doyle, M. & Straus, D. How to Make Meetings Work. New York: Playboy Paperbacks, 1976.

The Interaction Method, a process to stop wasting time and to get things done (more effectively) at meetings, is described throughout the book and specific examples of its application are included. This book will be helpful for those who are interested in ways their team meetings can become more effective.

Fry, R.E., Plovnik, M.S., & Rubin, I. Improving the Coordination of Care: A Program for Health Team Development. Cambridge, MA: Ballinger Publishing Company, 1975.

The materials focus on team development to "minimize the stress and energy" often spent on problems related to the need to work as a team and to "maximize the energy and efficiency" needed to accomplish the task. The program is organized into modules for learning that were designed largely for health teams but which can (and have been) easily adapted and applied to teams operating in a variety of settings. The program is designed to assist teams in defining and solving their own problems through a systematic process. This publication is difficult to locate but well worth the search. While new issues are no longer being printed, it is reported that copies can be found in college and university libraries which include a medical center and/or an established school of organizational psychology and management.

Kiersey, D. & Bates,M. Please Understand Me: Character and Temperament Types. Del Mar, CA: Prometheus Nemesis Book Company, 1984.

This book is essentially a manual for the Kiersey Temperament Sorter. It explains the basic dimensions underlying the temperment sorter, the major temperment types, how temperment affects work and leadership style, marriage and life style. The temperment sorter, scoring sheets and instructions for administration and scoring are included.

Maddux, R. A. Team Building: An Exercise in Leadership. Los Altos, CA: Crisp Publications, Inc., 1986.

This booklet is designed as a self-paced reader of activities, exercises and team building strategies. The booklet's stated purpose is to point out the "differences between groups and teams." Brief statements on a variety of team and leadership issues are presented along with tasks and exercises to help illustrate the point. This booklet would be of benefit to administrators, program managers, team leaders and others with staff and program development responsibilities.

Rubin, I., Fry, R., Plovnik, M., & Stearns, N. Improving the Coordination of Care: An educational Program. Working Paper of the Massachusettes Institute of Technology, Alfred P. Sloan School of Management, 50 Memorial Drive, Cambridge, Mass., 02139, 1975.

This article focuses on the underlying concepts of team development and problems, which the authors believe are inherent in programs and services that call for coordination of effort among two or more people. The term "interdependent" is used frequently to describe the overall goal of people working together and the information is geared to helping that process evolve and function effectively over time. Copies of the paper may be obtained directly from MIT for $6.00

Staff Development Handbook: A Resource for the Transdisciplinary Process. United Cerebral Palsy Association Inc.; New York, 1976.

This is an especially useful monograph for those interested in the transdisciplinary approach to teaming. The transdisciplinary philosophy is discussed and contrasted with other models of teaming. Issues such as hiring, orientation and commitment of team members, creating a team "learning environment", establishing team goals, and sources and resources for staff development are covered.

PRESCHOOL ASSESSMENT: CLINICAL CONSIDERATIONS, PROCEDURES AND INTERPRETATIONS

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Several concepts of preschool behavior and development are discussed to provide a framework for the team assessment of preschool age children. Differences between young children and school age children are described which relate to thinking, controls, and early language skills. The assessment model places major emphasis on behavior observations and interactions between caregivers and the child. Information about the planning and conducting of both formal and informal assessments is described.

These materials are excerpts from Team Assessment for Early Intervention, edited by Gina Guarneri, Gordon Ulrey, Ph.D., and Linda Brekken, Ph.D.
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Preschool Child Behavior and Development

Little Child

The preschool child (2 to 6 years) is not just a little school age child. The team assessment of the preschooler must take into consideration the important differences in thinking, motivation, and experiences between preschool children and those who are school age. Assessment procedures and knowledge of school age children do not necessarily extrapolate downward when applied to preschoolers. Cognitive and emotional factors influence the behavior of the preschool child in important ways that effect testing and interpretations of results.

Behavior Differences

Many behaviors which occur during the preschool period would indicate a learning deficit or psychopathology if observed in a school age child (6 to 12 years), but are normal and expected for the younger child. A frequently observed example is the reversal of letters and numbers which correlate with specific learning disabilities in children over about the age of 7, while reversals are common with children under 6 years of age.

Rapid Developmental Change

There is a wide range of maturation of the neurological functions and significant differences between the rate at which preschool age boys and girls acquire early skills (Chall & Mirsky, 1978). A host of developmental changes occur during the transition from infancy to school age that alter the child's behavior, such as emerging expressive language skills and increasing emotional autonomy from parents. Examiners' appreciation of the child's perception and understanding of events has been enhanced by Piaget's model of cognitive development. Piagetian therapy and recent studies of preschool cognition provide a framework for understanding the cognitive and behavioral differences between preschoolers and school age children.

Preoperational Thinking

Changes in Thought Processes

The preschool child's thinking and reasoning are in transition from the sensorimotor (nonverbal) level to the level at which there is use of mental symbols and language. During infancy, sensorimotor intelligence is expressed by adaptive actions in the form of interactions with objects. Between 2 and 6 years, the child learns to internalize this knowledge by way of symbolic representations. However, the preschool age child's conceptual understanding of the world is incomplete and the child's thinking is different than the school age child's.

Pre-operations and Action

Piaget (1951) and Piaget and Inhelder (1969) have described the preschool child's thinking as "preoperational." The Piagetian model provides a conceptual framework for understanding the child's behavior relative to his or her current level of understanding events in the environment. The child's thinking is described as preoperational because of the child's restricted, one dimensional point of view which is limited in focus on a single action or direction of an operation. An action or operation is understood in terms of how it moves or changes without an appreciation of the reciprocal effect of the reverse of the action. For example, if the examiner shows a preschool child two identical pieces of clay and then elongates one, the child will often state that one is now "bigger" because it is longer; in other words, the child will focus on length, but will not account for width. The child is demonstrating preoperational thought.

Different Behaviors

There are numerous implications for how a preschooler's behavior might differ from that of the school age child who is often functioning at the concrete operational level (in which the actions or operations are understood as reversible or reciprocal). The difference can be seen in comparing the understanding of causality between preschoolers and school age children. If both groups are asked a question such as, "Why do clouds move?" the preschoolers might say, "Because of the sun," while the school age children might say, "Because of the wind." The preschooler's thinking is based on associations lacking an appreciation of causal relations that have reciprocal effects. The fact that the sun is seen when clouds are seen is a sufficient preoperational explanation of the event. Therefore, the directie "Tell me more about it" is irrelevant to the preschooler. In contrast, concrete operational thought shows appreciation of a relationship between wind and clouds, and the child can understand that more explanation of an answer is needed.

Egocentricism

In Piaget's theory, the preschooler's thinking is "egocentric" in that only one viewpoint is taken or expressed. This results in minimal regard for ensuring that a listener understands an explanation. The child is unable to assume the role of another person or to recognize other viewpoints. In contrast, the school age child is generally more concerned about giving the "correct" answer and monitoring feedback which indicates that the answer was understood. The preschool child generally has not developed a concern for the listener's understanding, feels no need to justify his or her reasons, and fails to see a contradiction in the logic used. As a result, a major problem during assessment is the young child's minimal concern for ensuring that the examiner understands an explanation or solution to a task. The child will respond to

the approval or disapproval of the examiner, but may not perceive the examiner's concern about the incomplete or incorrect aspect of a test response.

Learning the Rules

Gelman (1978) suggests that young children may monitor test feedback poorly because they have not "learned the rules." However, very young children do appear to be capable of some appreciation of another's perspective when tasks are adequately structured. In addition, the child can appreciate adult responses of pleasure or displeasure, but may not associate them with performance. An example of not having "learned the rules" is the lack of response by the preschool child to a social reinforcement (smiling or "good stacking"); the preschool age child who does not continue an activity or work harder has not yet learned to be "reinforced" by pleasing an adult. One cannot assume that the contingent reinforcer was effective because of the child's limited experience or the fact that the child learns more by the involvement with a task at a level he or she can understand than by a general social reinforcer. In contrast, the child may continue a task not understood simply because of the interaction with the examiner with little regard for mastery of the task. In either case, this child may only be responding to one dimension of the test procedure.

Associative Thinking

Preoperational thought, when compared to the thinking of older children, can give the impression of loosely associated thinking and distorted logic. It is the lack of balance in the reasoning (only considering one aspect of an operation) that characterizes preoperational thinking. Because of this, the clinician must be aware of the age appropriateness of the child's reasoning. For example, to be able to evaluate a deficit in the child's cognitive skills, the assessment team must carefully observe the child's responses and inferred reasoning during problem solving; the evaluator cannot simply focus on the right or wrong answers. Instead, the challenge for the assessment team is to determine why the child failed the task and at what level it was understood.

Concept Development

Piaget has described in some detail the child's development of pre-operational concepts of classification, numbers, and spatial and temporal relations. In addition, test items on several formal standardized preschool cognitive measures can help reveal a child's level of understanding and knowledge of how skills are developing. For example, during assessment of a child's counting skills and skills related to number concepts (such as those described by Gelman & Tucker, 1975), the evaluator(s) could follow up a failure on a "number concept" item with other levels of tasks.

Behavioral Controls

Testing Limits

The child's nonverbal behavior also indicates the limited dimension and egocentricism of preoperational thinking. Two- and three-year-old children often seek to test behavioral limits, and may refuse items or may be easily distracted by items of more intrinsic interest. In part, this is related to the child's emerging sense of self as an individual to a struggle for autonomy. Indeed, the two-year-old is infamous for resistance and independence during testing. The behavior reflects the child's unwillingness or "inability" to assume the perspective or point of view of the examiner; this limited viewpoint indicates preoperational thinking, the child's attempts to define boundaries between him or herself and the environment, and appropriate development of behavioral controls. Although resistance and struggle make a reliable assessment difficult, they provide important information about the child's emotional development and should be noted as "normal" behavior reflecting the child's level of emotional functioning. For example, assessing a five- or six-year-old who requires frequent limit setting and is manipulative to avoid the test procedures may indicate the emotional maturity of a two- to three-year-old child.

Controls Internalized

At the three- to six-year level, the child's behavior becomes less of a struggle with limits, and elaborate strategies evolve to obtain desired outcomes (reinforcement). With increased language and extensive imitative behaviors (identification with parent figures), the child uses "manipulation" or appeal to adults to gain some control. The coyness of the three- to five-year level is well known and appears to insure adult attention and approval. The child's imitation skills allow for "adult-like" behaviors that lack the operational understanding of the adult. The child begins to model the parent's verbal and nonverbal behaviors with less appreciation of how it is perceived by others. During an assessment, this may be seen in the form of various social behaviors such as more eye contact, smiling, physical closeness, or verbal responses. These behaviors are ways of getting attention but generally lack a concern about being correct or appropriate; in this sense they are cognitively egocentric.

Engaging Social Behavior

The engaging and manipulative behavior of the three- to six-year-old are seen as emotionally appropriate. The major problem for the examiner is that these behaviors may not be contingent on task performance behaviors. The assessment team will often have to structure and restructure tasks to elicit the optimal attending to a task from the child. For example, the child may not state an obvious verbal answer or complete a task because he or she is not

attending to the cue that this is a valued response. This is again part of not having "learned the rules" for test and school behavior. More flexibility and creativity are required to sort out what the child knows. The evaluators simply cannot assume that the child values answering specific test items correctly just because a correct answer was expected.

Language Development

Early Language Behavior

Because most major language or communication skills emerge during the preschool period, knowledge of normal language development is important for the assessment team evaluating young children. There are several language behaviors that may be mistaken for a language disability. One example of a general developmental consideration that should be kept in mind is the fact that some dysfluency (stuttering) is expected as the child learns new words or is constructing more complex sentences. While dysfluency is normal at two to three years of age, it may also occur normally when previously undeveloped speech is emerging at 4 or 5 years; this may be misinterpreted as a sign of a stuttering deficit. As a general rule, the dysfluency should be considered in the context of the child's developing language. A second developmental consideration is that there are frequently some expected omissions in articulation, such as leaving off syllables of words such as "at" for "hat," or "ooe" for "shoe."

Language Concepts

The assessment team should be aware of differences between spontaneous speech and the child's conceptual understanding. A child may apparently have age appropriate social speech (such as, "Hello, how are you today?"), but have below age level conceptual understanding of words (such as defining words or explaining events). In short, the young child's verbal behaviors must be understood in terms of "normal" language and the child's own development to avoid misinterpretation of formal and informal observations. The use of a language sample from a spontaneous play situation is useful for comparing formal test responses to informal speech.

Eye Contact

When eye contact is poor, the child may be seen as having an emotional problem. Instead, this method of interaction may be partly secondary to confusion with sounds (auditory processing) and/or poor social learning; it is not necessarily an indicator of serious emotional concerns. This is somewhat unique to the preschool period, because language and social skills are emerging for the first time and depend on interaction between experiences and maturation. When an assessment team observes a child with poor eye contact, they should always then explore opportunities for

learning standard English that the child has had as well as cultural and familial factors that relate to expectations for eye contact.

Verbal Comments

The assessment team must appreciate the level of difficulty of verbal commands used during an evaluation. Many tasks which attempt to measure concepts such as "alike" or "similar" may be failed because of complex verbal instructions. A number concept may be failed because of complex verbal instructions. A number concept may be failed because the child has to remember two or three steps in a sequence. Knowledge of language level acquisition is invaluable for interpretation of performance on tasks that require verbal receptive and/or expressive skills.

A Model for Assessing Preschool Age Children

Observations

There are many factors that can contribute to a preschooler's behavior during a team assessment. The situations that have elicited behavior must be carefully observed and the examiner(s) must remember that many deficits and developmental delays may be secondary to environmental and psychological factors. The assessment team must be able to determine a child's relative strengths and weaknesses in a developmental and environmental context to obtain a reliable and valid assessment of the child. A careful consideration of five general areas is necessary to interpret assessment results. These are: (a) behavioral controls, (b) level of developmental skills, (c) integration of developmental skills, (d) interacting and relating skills, and (e) environmental supports (ecological factors).

Referral Questions

The first step for assessment is to determine what the specific problem is as seen by the referring person(s). Information will be needed in each of the five areas listed above to guide judgments about the child's problem and to plan intervention. For example, failure in preschool may result from a problem in any of the five areas or a combination of each. Each of the five areas will be described below.

1. Behavioral controls. These include the child's self control and selective attending skills, as well as the child's need for structure in the environment and tolerance of frustration or failure. To make a judgment about controls, the team must observe or have information about the child in a variety of settings, and must have the knowledge of age appropriate expectations for young children. In other words, the evaluators must know what the child's behavioral controls are relative to his or her age level and experiences. Information

from teacher and parents is essential to determine the child's behavioral controls and is obtained from their reports and observations. The examiners must know if the child is currently on any medications that may influence behavior (such as treatment for seizures or a cold).

2. Level of developmental skills. Formal measurements of the child's current developmental skills based on appropriate norms for his or her age group may be needed. The child who functions with no learning problems will not need an intelligence test, although a screening test may be useful. The team must determine the extent of usefulness for standardized measures of language, cognitive, sensorimotor, and motor skills. The use of multiple measures which include informal observations and observations from several settings is essential to obtain valid data and to plan relevant educational programming. When no formal tests are used, the team should provide a rationale in the written report and feedback to the parents.

3. Interacting of developmental skills. The various modalities that affect development in all domains should be considered by the assessment team. The child's capacity for sensory sensation (e.g., visual or auditory acuity), perception, memory, and integration of modalities (e.g., visual and motor skills used together) should be assessed. The relative skills in language and nonverbal skills should also be considered; for example, does the child have any specific learning deficits relative to his or her general cognitive skills? What are the child's strengths and weaknesses, and what learning style is evidenced? The assessment team must ensure that program planning emphasizes strengths and will not be limited to a deficit model.

4. Interacting and relating skills. The child's relative level of adaptive behavior should be considered (e.g., toilet training or spontaneous play). Observations of a child's play, interactions with the examiner(s) and interactions with caregivers are essential to assess emotional maturity. How does the child relate to peer, teachers and strangers? Does the child show age appropriate emotional and adaptive behaviors? This information is obtained by observing the child's play, using an adaptive behavior rating scale and conducting a structured parent child interaction.

5. Environmental supports. Knowledge of the child's environment is essential for the assessment team. Questions to be answered include how the child interacts with parents and how stable the primary care providers are. Awareness of the relationship between cultural differences and opportunities for learning is an important part of interpreting a team assessment. What opportunities has this child had relative to the children he or she is compared with on the test norms and

in the school situation (current or future)? How much structure and stimulation does the home provide? Information can be obtained by observing parent-child interactions and by parent interviews (in the home when possible).

Parent-child Interaction Sequence.

A structured interaction with a parent and the child reveals important information both diagnostically and for planning interventions. The examiner should observe an interaction sequence in which the parent presents a task that the child is likely to pass, another that the child is likely to fail, as well as observing 5 to 10 minutes of spontaneous play between the child and caregiver.

Procedures for Parent-child Interaction

Part 1 Spontaneous play with a variety of options. The team provides the parent and child with toys that are appropriate for different developmental levels. The child or parent is instructed simply to select any activity and play in their "usual" manner.

Part 2 Parent teaches a task the child is able to do. The team asks the parent to perform a task that earlier observations suggest will be easily completed by the child. Tasks that are analogous to test items using peg boards, form boards, or blocks provide tasks that can easily be demonstrated for the parent.

Part 3 Parent teaches a task the child has been unable to do. The team instructs the parent to give the child a difficult task. The parent is to teach the child the task if the first attempt is failed. Activities should be used that are not part of the standardized tests.

What to Observe

Observations should be made of the interactions that occur between the parent and child. When both parents are available it is important to have each parent go through all three parts of the interaction sequences. The team attends to three questions when assessing the interactions: (a) How does the parent structure the activities? (b) How does the parent/child respond to the success of the child? and (C) How does the parent/child respond to the failure of the child?

The behaviors observed are very useful for explaining a child's handicap to a parent or teacher using examples from the interaction sequence. The team must be sensitive to stresses on the parent caused by the expectation for performance and by being observed.

Observations

Information about the emotional development of the young child is obtained from careful observations of caregivers interacting with the child. What skills does the child have to engage the parent in the interaction such as reaching, pointing, looking, eye contact, and talking? Is the child able to signal disengaging cues such as averting gaze or pushing away and does the parent respond appropriately? A separation of the child and parent, such as the Ainsworth paradigm (Ainsworth, 1969), is valuable for observing how the child responds to both separations and reunions, as it reflects the security of attachment.

Major Components of Preschool Assessment
(adapted from Marie Poulsen's Infant Assessment Outline)

I. Purposes of Assessment
   * To gain information about developmental levels in order to appreciate relative strengths and to ensure that program planning will not be limited to a deficit model.
   * To determine differential diagnoses - e.g., Is observed language difficulty a result of hearing impairment, oral-pharyngeal structural difficulties, specific language delay, cognitive delay, visual impairment, physical disability, severe emotional disturbance, and/or child abuse, etc.
   * To understand the impact that specific sensory and/or physical handicapping conditions have on emotional, social and cognitive development.
   * To gain program planning information
      - Service delivery needs of family: parent support group, parent education group, respite care, behavior management strategies, developmental intervention strategies.
      - Specific intervention services for child: physical, occupational and/or speech therapies, dental/medical/nutrition referrals, infant intervention programs.
   * To establish a good relationship between parent and service delivery system by: a) building a trusting relationship; and b) empowering the parents to be members of this and all future transdisciplinary teams.

II. Preplanning with Parent
   * Information about purpose, procedure and time frame of assessment.
   * Discussion of parent's role as member of assessment team.
   * Request for medical, therapeutic and developmental records.

* Selection of best time for assessment in terms of child's feeding, sleeping and temperament patterns.
* Remind parents to bring food, drink, diapers, favorite toys, adaptive equipment.
* Check for need and provision of interpreter.

III. Areas of Specific Observation and/or Inquiry

* Parental concerns about child.
* Feeding patterns/problems.
* Sleeping patterns/problems.
* Temperament patterns: easy, difficult, slow to warm up.
* Initiation and response to persons (adults/peers), objects and events.
* Developmental milestones: motor, cognitive, language, social/emotional.
* Parental description of child's strengths.
* Neonatal, developmental and medical history.
* Experiential opportunity with objects, events and persons in the home.
* Languages spoken in home.
* Family makeup and rituals.

IV. Assessment Procedure Considerations

* Timing of assessment regarding family consideration and child's schedule.
* Rapport building with parent.
* Rapport building with child.
* Environment: heating, light, objects.
* Position of child - need for head/trunk support, adaptive equipment.
* Role of parent as team member provides for:
  a) Validation of assessment results.
  b) Complete information/history.
  c) Setting of priorities that meet child and family needs.
* Role of examiner vs. parent in standardized test procedures.
* Multiple assessments - home/school/clinic.
* Matching timing of object presentation to child's temperament.

V. Informal Assessment: Use of systematic but non-standardized procedures

* Pre-symbolic/symbolic functioning:
  - play: behavior with objects.
    behavior with persons.
    behavior with emotions.
  - understand meaning of objects and events.
  - pre-verbal/verbal communication and intent to communicate.
  - problem-solving strategies: random, use of known schemas, trial and error, use of mental image.
* Parent child interaction sequence observations.
* Emotional development - Range of affect at home and in clinic.

* Spontaneous interaction with persons and objects - Familiar and unfamiliar in home and clinic.

VI. Formal Assessment: Use of standardized procedures

* Psychometric vs. qualitative aspects and need for test modification for:
  - hearing impaired.
  - visually impaired.
  - physically handicapped.
  - mentally retarded.
* Strategies for learning:
  - response to verbal guidance.
  - response to physical guidance (co-active movement).
  - response to modeling by examiner or parent(s).
  - attention to task demands.
  - concentration on task demands.
  - quality of exploration of materials and environment.
  - spontaneous initiation of activity with persons and objects.
  - responsivity to task and examiner and parent demands.
  - organization of materials.
* Psycho-social characteristics:
  - response to examiner vs. parent.
  - response to praise.
  - persistence with task.
  - sense of task completion.
  - sense of task accomplishment.
  - sense of sharing task accomplishment.
  - response to task shifts.

VII. Interpretation Issues

* Validity of assessment results.
* Impact of handicapping condition on cognitive assessment.
* Prematurity.
* Medical history, illnesses/hospitalizations.
* Social history.
* Experiential opportunity.
* Bi-culturalism/bi-lingualism.

VIII. Program Planning

* Setting priorities with parents.
* Referral to other agencies/disciplines.
* Service delivery program: social, medical and educational services.
* Intervention for skill acquisition.
* Intervention for social interactions.
* Intervention for making experiences meaningful.

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LINKING ASSESSMENT TO PROGRAM PLANNING

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A critical consideration in assessment is the role that program planning plays in the process. Assessment becomes an isolated activity unless the assessment team takes into consideration the impact that the assessment information can have on the intervention efforts. The purpose of this chapter is to explore the role of program planning in the assessment process: the assessment planning phase, the assessment itself, the integration of the information gathered in the assessment, and finally, in the dissemination of the information to the family, professionals, and other agencies.

These materials are excerpts from Team Assessment for Early Intervention, edited by Gina Guarneri, Gordon Ulrey, Ph.D., and Linda Brekken, Ph.D.
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INTRODUCTION

Assessment is the first step in the programming process. This first step is a critical stage in the initiation of services. For many families the assessment is the first time that a relationship is formed with the professional community or program staff. This may be the first time the family attempts to synthesize information from many sources in order to answer questions about their child's condition or about programs for their child. Thus, it is very important to set a positive tone during the assessment relationship as it may influence future intervention efforts.

Team assessment provides a format for the exchange and integration of assessment information among all team members, including the family. The sharing of information is enhanced when team members are flexible and encourage information from many sources (e.g. the occupational therapist, parents, teacher observing motor functioning). If the assessment and program planning teams are not the same, then provisions should be made for the exchange of information and assessment results. Ideally, a member of the program team should participate on the assessment team.

The assessment findings are shared with the family and team members during the assessment session, in a debriefing with parents at the close of the assessment session, in family conferences, and through the assessment report. The report is shared with the family, referring agency, and other professionals and agencies involved with the child and family.

ASSESSMENT PLANNING

Purposes of Assessment

The purpose of the assessment will determine how the assessment process will be carried out. No matter what the purpose of the assessment is, information on family concerns and investigating program planning should always be included. Purposes of assessment are:

1. Eligibility for a program

   The purpose of assessing for eligibility is to determine if a match exists between the child's needs and program guidelines and criteria. It is essential that assessment teams know all early intervention programs in the community and what the eligibility crieria for each is. This way, the family can be referred to all appropriate programs.

2. Determine diagnosis

   A complete child history, including observed behaviors at home and at an education program, is essential for determining diagnosis. Educational programs and staff rarely, if ever,

assess to determine diagnosis. But, parents of young children will often ask the early childhood assessment team to explain what the diagnosis means (definition of terms, explanation of impact on child's development). For this reason, early childhood assessment teams must keep close contact with the medical/health providers in their community.

3. Program planning

Assessment provides resources to determine the parameters of program planning. Program parameters that can be determined in assessment sessions include: instructional strategies that enhance the child and family's learning, the developmental constructs and skills that the child mastered, and the developmental constructs and skills that need to be mastered next. Ecological considerations of programming should also be explored. This includes information relating to parent-child interaction and the strengths and needs of the family. P.L.99-457 specifies that an individualized family service plan should be drawn up after the assessment of a infant or toddler with a handicapping condition. The service plan should contain information on the strengths and needs of the family, as well as outcomes for the child and the family.

4. Program evaluation

Assessment information helps determine program effectiveness. Information on child and family change, can be used in evaluating progress toward the intervention targets and strategies. Evaluation of program effectiveness should be ongoing, with assessment as an integral and frequent part of the program planning and evaluation.

5. Multiple purposes

Frequently, the purpose of assessment is multiple. If program eligibility is being determined, program planning is explored also. Program planning should always involve evaluation. An assessment may involve determining diagnosis, eligibility, program planning and evaluation. It is important to remember that the assessment purpose(s) will dictate the focus of the assessment. Therefore, pinpointing the purpose of the assessment is a crucial first step in the assessment process.

Questions to consider during planning

1. What are the family's assessment questions?
2. What are the assessment team's questions?
3. What are the intervention team's questions?
4. What are the referring professional/agency questions?
5. Have previous assessments been completed? Results?
6. What skills has the child mastered?
7. What skills does the child need to learn?

8. How does the child learn?
9. What ecology factors impact on the child's behavior?

Plan team assessment process

The team assessment model requires extensive preplanning. Team members must decide who will do what, when.

Define team roles and responsibilities:

The team needs to decide the "rules of the game," the timing of activities and the roles that each team member has in gathering the information. Questions to consider when defining the team roles are:

1. What will the role of the family be on the assessment team?
2. Who will be the primary contact person with the family?
3. How will the team assessment process be explained to the family?
4. Who will assess the child (all members; one assess, others observe)?
5. If more than one person assesses, who will gather what information?
6. Who will record observations? How?

Team assessment minimizes the duplication of observations, test items, and questions to parents. In order to accomplish the goal of less duplication, team members need to examine and compare the content (test items, questions) and procedures (observation, parent interview, standardized test) that each person utilizes. A thorough comparison and discussion will lead to team assessment content and procedures. Team members may decide to:

1. Compare and combine test protocols and develop their own assessment tool, which includes items to meet all team member needs.

2. Decide who will observe what skills, and share the information with others.

3. Reduce the number of standardized tests used by various team members - choose standardized tests that will provide necessary information in a number of domains.

4. Use domain specific standardized tests only as needed (e.g., a language test to "tease out" the specific language problems or disorders).

5. Decide who will conduct the parent interview (usually 1-2 team members), making sure all team member questions are asked.

6. One-two team members carry out the assessment, while other members observe.

Plan the Assessment

Observations, techniques and tests that will address the assessment questions should be chosen. Select criterion referenced scales that match the curriculum employed by the program team.

THE ASSESSMENT

During the assessment process, the team will discover information that is useful in planning the content and process of intervention. Many times, assessments focus on content information, by answering "What" questions, e.g. "What can the child do/not do?" This information is incomplete without consideration of process information, or "How" questions, e.g. "How does the child complete the task?" All assessments should answer "what" and "how" questions.

Answer What question-discover content of proramming.

1. What tasks/skills are mastered or not mastered?
2. Sample enough behaviors to get an accurate representation of what a child can and can't do.
3. What underlying constructs of development are mastered or not mastered?
4. What skills should the child learn next?

Answer How question-discover the process of programming.

Ecology considerations will assist the team in arriving at a picture of the total child within the context of the family and community.

a. Parent-child interaction
   1. How does the parent teach, deal with successes and frustrations that the child encounters?
   2. How do they read each others' cues?
   3. How is the initiation of communication responded to?
   4. How does turntaking in communication interchanges happen? (reciprocity considerations)

   (Refer to Foundations for Understanding Parent-Child Interaction.)

b. Child-child interaction
   1. How does the child learn from other children?
   2. How does the child initiate and respond to interaction?
   3. How does the child and siblings play and interact with each other?

c. Family schedule
   1. What is the daily routine?
   2. What implications does the daily routine have for intervention efforts?

d. Parental goals/concerns.

   Ask family members what their assessment questions are. What would they like to learn from the assessment?

e. Culturally appropriate testing materials/situations.
   1. How does the child's previous experience with the presented task/situation impact on the performance?
   2. How does the family's value system impact on the assessment information that is being gathered?
   3. How does the standardization of the tests impact on the interpretation of the results?
   4. What is the ethnic/culture background of the child and family? Will this have an impact on the observed behavior?

Teaching/learning considerations

a. How does the child approach/explore the materials and people?

b. Which materials/people motivate the child?

c. Which materials/people turn the child off? Why?

d. Timing in the presentation of the materials:
   1. How does the adult pacing affect the child's performance?
   2. How does the child's responsivity time affect the pacing of the interaction?

e. Child's learning style:
   1. Which mode (visual/auditory/kinesthetic) does the child learn information the best in?
   2. How does the child use the feedback from his performance?
   3. How does the child use information from other people--adults, peers?
   4. Which prompting systems help the child? (modeling, physical prompting, verbal prompting, partial physical prompting)

f. Rate of change in testing-teach situation:
   1. How quickly does the child learn from the parent?
   2. Tester?

g. Why isn't the child able to complete tasks?

h. How did the child's state and attention span affect his/her performance?

i. What is the ideal postion for the child to be in for optimal performance?

It is difficult to obtain all of the above information in one testing session. The child 's performance is affected by location (home, new situation), time of day (young children have increased rest times), length of testing session, and people present. In addition, there is a large body of information that needs to be collected. Thus, it is very heipful, in order to get an accurate picture, to have multiple observations, varying the mentioned factors (e.g. time of day, location.)

An example of an assessment task answering "what" and "how" questions:

Situation: A child is able to stack 3 one inch cubes.
What questions can you answer?

-This skill is mastered between 13 months and 21 months (Bayley). (What)
-Child understands the concept of "putting one on top of another." (What)
-Child performed activity, after the assessor demonstrated. (How)
-Child uses right hand to place blocks, left hand to secure pile. (How)
-Right hand exhibited slight tremors when attempting to place block. (How)
-Child is persistent - the blocks fell three times, child tried again until successfully completed the task the fourth try. (How)
-Parent verbally encouraged the child to try again. (How)
-After the child completed the task, she looked at the assessor and smiled. (How)

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Sample Team Assessment Reports

The team report provides the forum for the assessment team to present their observations and recommendations in one, thorough document. The team report avoids duplicative information; numerous, and often contradictory, recommendations; and the necessity of many reports. Two sample reports are provided in the following pages. Note that each report contains:

* Names and positions of each member of the assessment team
* Reason for assessment
* Assessment questions
* Assessment environment
* Assessment process utilized
* Parent input
* Objective statement of observations
* Recommendations

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Observational Report

Name: D. A.
Date of Birth:
Age as of 6/30/86: 3 years

I. ASSESSMENT TEAM:
Maria F., Mother
Martin K., Psychologist
Patty S., Speech & Language Therapist
Michael B., Speech & Language Therapist
Amy H., Education Specialist
Barbara B., Pediatrician
Gordon U., SERN Facilitator
Classroom Teacher

II. REFERRAL INFORMATION:

Ms. F. volunteered to participate in the SERN Preschool Assessment practicum to obtain general information regarding D.'s development as well as to provide preschool assessment experience to the team.

III. BACKGROUND INFORMATION:

By parent report, pregnancy and developmental history were unremarkable. D. has had recurrent episodes of otitis media. His hearing was evaluated 3 weeks prior to this evaluation and found to be within normal limits, according to Ms. F.

D. lives with his mother and has no siblings. He has attended Tri-City Childcare Center for the past 10 months, Monday through Friday, 6:45 a.m. - 4:00 p.m. There are extended family members living in the area which include the mother's sister and brother-in-law and their three children.

Spanish is the primary language spoken in the home. D. had multiple babysitters before attending the Tri-City Childcare Center. Some of his babysitters spoke English and others spoke Spanish.

IV. PROCEDURAL INFORMATION

Assessment procedures included:
Teacher interview
Parent interview
Play observation
Structured play observation
Parent-child separation and reunion observation

The assessment was video and audio tape recorded for later viewing by the team and a copy was to be made for the teacher's and parent's use.

During the parent interview Ms. F. asked the following questions:

1. Is D. doing things that other children his age can do?
2. What can I do when D. cries because he wants something I can not give him?
3. How do I get D. to be potty trained?

V. RESPONSE TO QUESTION 1

a. Learning Style

D. demonstrated the use of familiar objects appropriately with a plate and spoon and crayon and paper. He used objects symbolically in play with a peg as a food object which he placed toward his mouth. He imitated words and actions produced by an adult. He was able to demonstrate object permanence in which he acknowledged that the object did not disappear even when he was not able to see it. Imitation skills were seen as a strength.

D. was able to draw a line with crayon and paper. He often did not stop after completing the line and continued to draw in a repetitive manner. D. was able to successfully string one bead. When presented with another bead, he was unable to move the bead down the string in order to fit another bead on the string. While D. showed interest in the bead task, he attended to it for a brief time and showed little variation in how he manipulated and explored the task.

D. utilizes people in helping him find solutions for problem solving. He frequently utilizes a trial-and-error approach to solving tasks. For example, a doll that was connected to a stick which was covered by a cone can be seen by pushing the stick up the cone. D. did not immediately conceptualize that he needed to push the stick up to make the doll reappear. However, he used a trial and error approach by pulling the doll's head upward and was able to do the task with motor prompting. His interest in surroundings and use of people to help him solve problems are seen as significant strengths.

Based on informal observations, D. is doing things that represent the 2 years to 2 1/2 year level of development.

Recommendation: D. should be referred to the local educational agency for a more comprehensive assessment of his cognitive, linguistic and social emotional skills.

b. Communication

D.'s understanding of language in the context of play situations and conversation was stronger than his use of language expressively (speech). He demonstrated understanding of simple directions and questions in English, e.g., "Sit down," "Look for the juice," "What is it?," "Are you thirsty?," "Where's the dog?" During the parent separation observation, his mother told him she was leaving

to go to the doctor. Upon her return, he gestured to her (by pointing his finger into his leg) to ask if she had been given a shot. This type of association of meanings from conversation was noted in both Spanish and English.

During play, D.'s expressive communication attempts consisted primarily of single words and gestures, consistent with parent and teacher report. He occasionally spoke in phrases, e.g., "I want cookie," "No puedo," (I can't.). He used speech much more frequently when the adult modeled short simple statements while talking with him. He named toys and animals sometimes in English and other times in Spanish. Strengths were seen in his spontaneous interest in communicating an idea and his use of nonverbal language, e.g., gesture to express relationships. For example, when seeing the picture of a rabbit on a crayon he was holding he said, "a rara." The adults sitting with him did not understand what he was saying until he turned the crayon over and showed them the rabbit. Another time, he pointed to the animals and the farmhouse and motioned that they should go together and proceeded putting the animals into the farmhouse as he said "casa". Thus, D. demonstrated that he had the knowledge of the objects and their relationships or in the previous example, the knowledge of the rabbit and the fact that his listeners did not understand him. D. did not have the language (words) to express these ideas and relationships verbally.

Ms. F. reported that she would like D. to learn to speak both Spanish and English. When working with him she used Spanish and English interchangeably. According to teacher report, he understands classroom directions adequately in English.

D.'s communication skills were below what would be expected of a 3 year old child. Learning English as a second language and changes in the language used by caretakers may be a significant factor to his language delay. In addition, his behavioral tendency to be dependent upon adult assistance and having needs met through attention getting and pointing causes independent use of speech to be less motivating to him.

c. Recommendation

1. It was suggested to Ms. F. that she use Spanish when speaking to D. at home, since this is the language she is most comfortable with and with which she will be able to provide the best language models. Use of English only at the child care center was recommended in order to provide consistency of language learning in this environment. The goal is to provide consistent language modeling while keeping the two languages separate, so as to decrease confusion and facilitate development of a stable language base.

2. To help D. to talk more, it was recommended that when he indicates a want or need through gesture that the word be said for him. He does not need to be required to say the word exactly before he gets what he wants everytime, but do

encourage him and praise him when he attempts to say the word. When D. says a word, expand upon this briefly, e.g., if D. said "cow" say "Yes! The cow says moo!"

VI. RESPONSE TO QUESTION 2

a. Observation and Findings

D. was very responsive to the play environment and the examiners. He demonstrated curiosity and exploratory behavior, but short attention span and distractibility inhibited his use of one toy purposefully and independently. With demonstration and modeling, D. was able to imitate and demonstrate symbolic play (the use of an object to represent a real object, e.g. pushing a block and making car sounds)for increased periods of time. D. demonstrated a strong need to control each situation and tended not to consistently follow directions. He was more cooperative when directions were provided in an animated and playful manner. When the environment was unstructured, his activity level escalated, his need for independence increased and he was less able to self-regulate his behavior or respond to re-direction by either the examiner or his mother.

When D. was interacting with his mother, it was quite apparent that Ms. F. had a warm, affectionate relationship with her son. She consistently encouraged him to do his best and to be good. However, many of her comments were not direct and the tone of her voice and actions did not convey her desire for him to do what she wanted. When D. wanted his way, he immediately resorted to temper tantrums and it appeared that his mother, in wanting to keep D. happy, was unclear as to how to set limits for her son.

b. Recommendations

1. When directions are given to D. they need to be simple, clear and in one language. It is advisable that Spanish be spoken within the home environment and that English be spoken within the school environment.

2. The child care program environment should be structured with a limited amount of visual distractions.

3. It will be important that a consistent pattern of limit setting be developed both in the home and school so that D. can learn to:
   a. control his behavior
   b. obey and respect authority
   c. be responsive to adult directions

4. It is strongly recommended that Ms. F. participate in a parent support group to aide her in developing skills for managing D.' behavior.

VII. RESPONSE TO QUESTION 3

a. Toilet Training

By parental history, D. wears diapers both day and night (and at the program). At home, he will indicate discomfort about a bowel movement in his diapers to the point that he wants a shower after an initial cleaning. Ms. F. indicated that she tried to get him to go in his potty at home. For example, she will read books to him while he is sitting there. She told us that he will not go in the potty and then usually soils his diapers within a short time. She indicated her frustration and is seeking further directions in this area.

His teacher states that he wears a diaper all day at school and "doesn't tell her when he has to use the bathroom." Within the classroom setting, this is the expectation for all children. There is no set time for all children for toileting, but they are taken to the bathroom when they indicate a need. There has been no trial of "habit training," i.e., taking him to the bathroom on a prescheduled regular basis with positive reinforcement.

b. Recommendations

1. There should be consistency between home and school on setting up a habit training schedule with positive reinforcements and modeling. Ms. F. and his teacher should note when D. does go to the bathromm. When a pattern is recognized (e.g. every morning between 10-10:30), he should be taken to the toilet during these times.

   An example of positive reinforcements and modeling: From our observations, we know that D. will imitate an activity - particularly with puppets in a positive play setting. As a suggestion, there are "toilet training dolls" in the toy stores that have their own potty and will urinate in them. This could serve as a model for D. Also, there are books such as "All by Myself" illustrating toileting in simple details and pictures, appropriate for a very young child. This is also available in local toy or book stores.

2. There should be consideration of D.'s observed abilities in the cognitive and communication areas, when setting up a program. For instance, D. is using mostly single words in Spanish and English. At this time, he does not express his need to go to the bathroom.

3. D.'s observed temperament should be considered when establishing a toileting routine. The section on "limit setting" outlines some of the observed characteristics which carry over to toileting.

4. Ms. F. should have as much support and feedback as possible, in order for this to be a successful, positive experience.

VIII. CONCLUSION

D. is a warm, appealing and energetic boy who demonstrated many skills at the 2-3 year level in the areas noted in our observations. Specific recommendations concerning language, cognition, limit setting and toilet training are discussed in the body of this report.

The team enjoyed working with D. and Ms. F. who were cooperative, interested and friendly. The team appreciated Ms. F.'s and the Tri-City Care Center's collaboration.

A general consideration was discussed with Ms. F. and his teacher concerning future developmental screening to monitor his progress and to evaluate his future program needs.

Infant Preschool SERN
Early Childhood Special Education Assessment Institute
June 1986

Observational Summary

Name: B.P.
Date of Birth: Chronological Age: 35 months
Date of Observation: 6/28/85
Site: Agency for Infant Development (AID), Fremont

Assessment Team:

Pamm S., Special Educ. Coord., Head Start
Holly B., Speech Pathologist, Head Start
Brian L., Clinical Psychologist, Head Start
Bitsy S., Teacher on Special Assignment, Contra Costa County Schools

Reason for Referral:

B.P.'s parents volunteered to assist in the team training and wanted more information about B.P.'s cognitive and communicative abilities. The purpose of the assessment was as a learning experience for all participants. The observation was video and audio taped to be used as a teaching tool for the team members.

Background Information:

B.P. is a 35 month old girl with a diagnosis of cerebral palsy; spastic quadriplegia, born preterm at 28 weeks gestational age with a birth weight of 3 lbs. 5 oz. She had significant medical history at birth and was hospitalized for 4 months.

B.P. lives with both of her parents; she is the fifth of six children. She is currently enrolled in the Agency for Infant Development where she receives occupational therapy and early intervention services. She also receives services through the Regional Center, California Children's Services, Kaiser (physical therapy and medical services), and the Elks Club (speech therapy). She will be attending Glankler School in the Fall on a one month trial to determine the appropriateness of the placement.

A summary of AID's records were reviewed by the team prior to observation.

Parent Interview:

B.P.'s mother described her as a happy child with a fun sense of humor. She stated that B.P. had good relationships with her siblings and was especially motivated by her 8 week old baby sister. Mother reported that B.P. loves school, enjoys riding the bus, attending the church nursery and socializes well with her peers and siblings.

In the area of motor abilities - B.P. has been using an adaptive wheel chair for the past year. She rolls to get around and does some scooting. She usually reaches with her left hand first, but is now

starting to use her right hand as well. It was reported that B.P.'s movements became more fluid when she was involved with her new baby sister (i.e., stroking her).

In the cognitive area, her mother reported that B.P. discriminates between 2 objects, likes working with colors and numbers, and discriminates between two pictures. She enjoys stories and music. She understands the concepts in/out, up/down, and over. She knows the following body parts: feet, knees, eyes, ears, nose, mouth, chin, hair, head, hands, fingers, toes. She likes pop-up toys, bells, and balloons.

In the language area, B.P. can say approximately 15 words. She communicates through eye contact, gestures and single words and will try to imitate new words. It was reported that a communication board was attempted using discrimination of two pictures, but this was discontinued because it was reported that B.P. became bored with the activity.

The mother spoke freely about her daughter's strengths and needs. She provided a detailed description of B.P.'s behaviors and skills. She was knowledgeable about her daughter's development and hoped that this observation would give her additional insight into her daughter's cognitive and language abilities.

Observations:

This observation took place in a small room at the Agency for Infant Development by the Assessment Team and parent. B.P.'s younger sister was brought in during the last 20 minutes of the assessment. Because other assessments were occurring at the same time, a number of auditory distractions existed during the observation. The observation plan was to observe the parent and child interacting in play, structured tasks facilitated by members of the assessment team, and child/baby interactions.

B.P. and her mother had a very warm and close relationship. The mother served as a vital and supportive interpreter for B.P.'s verbal and non-verbal communication. B.P.'s mother was surprised at some of the skills demonstrated. B.P. was very engaging and separated easily from the mother. The mother employed teaching techniques that optimally allowed for success and learning by orienting B.P. to the task and providing cues to increase success.

The observation session began by having B.P. and her mother play together. Mother began the play with a bean bag game during which B.P. demonstrated the ability to anticipate and appropriately expressed the concepts of up, down and more.

While playing with the Jack-in-the-Box and the pop-up toys, mother was asked to demonstrate B.P.'s understanding of colors, numbers and object identification. B.P. identified red, blue, and green and pointed to the nose on the Jack-in-the-Box. When presented with the pop-up toy she was able to indicate the one that was "all gone."

At this point the team facilitator asked the mother to allow B.P. to play freely with the telephone. B.P. recognized the use of the phone and said 'hi.'

Next, B.P. was moved to her chair and selected cognitive items were attempted from the Hawaii Early Learning Profile and the Preschool Language Scale. These included object constancy (hiding keys under cover), using tools to get a toy (pulling string to get the dog), object displacement (hiding a ball in a cup and then leaving the ball under a towel), a two piece formboard (circle and square), color discrimination with blocks, identifying animals by sound and name, body parts on a doll and a person, and use of a crayon and markers. B.P.'s mother was encouraged to make suggestions regarding modification of the administration of these items.

During this phase of the observation she demonstrated color recognition, object identification by name, object displacement using one screen, identification of body parts.

B.P. was a socially responsive child. She warmed up after initial contact with the examiner, responded to verbal and facial expression and seemed to enjoy playful interactions. On occasion she would lower her head, possibly indicating fatigue or lack of interest. B.P. used head movement to indicate yes/no. She also used eye contact with people and objects as well as purposeful hand movements to respond to tasks.

At the end of the session B.P.'s sister was brought into the room. B.P. was placed on the floor near her. B.P. became more interested and rolled over much faster than she had previously. When the baby cried B.P. appeared to be concerned. She seemed to enjoy helping the mother feed the baby.

At the close of the session (while B.P.'s mother was feeding the baby) B.P. was told the story of "The Three Bears." During the story B.P. demonstrated good understanding of the story and anticipation for what would be coming next.

Discussion of the observation session with the mother and the A.I.D. Occupational Therapist indicated that the skills demonstrated during the observation were representative of B.P.'s skills.

Summary:

B.P. is a 35 month old girl with cerebral palsy, who was observed for 1 and 1/2 hours as a part of a practicum training experience to better understand her cognitive and language skills. B.P. was observed to have demonstrated the following skills: object constancy (finding an object under a screen), color identification and discrimination, concepts of opposites (i.e., up/down), knowledge of body parts, anticipation of events, sequencing of stories, identification of a circle, pulling a string horizontally to obtain a toy, followed one part commands and identified animals.

Object constancy, identifying colors, identification of a circle, and pulling a string to obtain a toy are among the skills one would

expect of a 17-19 month old child. These behaviors were clearly demonstrated during the observation and can be considered B.P.'s minimum level of cognitive functioning by this team. Other behaviors observed indicate higher cognitive levels, for example: identification of body parts (3 parts - 19-22 month, 6 parts - 22-24 months), understanding personal pronouns, some action verbs and adjectives (i.e., "Give it to me," 20-24 months), listens to stories (27-30 months), matches primary colors (29-33 months). B.P. also was observed to have the following skills indicative of her understanding of language at close to her chronological age (3 years): can understand thousands of words, identifies objects by their use, understand some common opposites, understands some prepositions, likes stories about herself, stays with an activity for 8-9 minutes, matches/sorts by color, shape, size, follows one part commands. The observers felt that B.P.'s anticipation of the story line in the "Three Bears" demonstrated more sophisticated sequencing skills than could be assessed in B.P.'s play.

B.P.'s primary means of communication is gestural (i.e., head nodding, pointing). She is exhibiting behaviors necessary to begin verbal communication (i.e., mouthing words, imitating sounds).

B.P. responded well socially, separated well from her mother and perservered throughout the observation session. She attends well auditorily and this would suggest to be an appropriate modality for teaching.

In the post interview, B.P.'s mother indicated how well B.P. responds to music and this too could be used as a promising teaching technique.

Recommendations:

Following the observation there was a debriefing discussion between the team, B.P.'s mother and the AID Occupational Therapist. The following joint recommendations were discussed.

1) B.P. could benefit from additional adaptive toys to assist her in developing increased control over her environment and to facilitate her ability to communicate with others.

   The group felt that toys like Simon might be fun for B.P. and also help to develop responses to visual and auditory kinds of cues that might be preparation for using computer assisted communication/learning. B.P.'s mother indicated that the family is building a computer fund and that they intend to purchase a computer to meet the needs of the family. The parents had been curious about whether there were ways that B.P. could benefit. It was recommended that the family look into the Radio Shack Color Computer, for example, which has a preschool notebook in which the child touches squares, pictures, etc. in response to cues on the screen. Other 'input' devices such as joysticks were also discussed. B.P.'s mother indicated that she was aware of a computer resource book. The team also referred B.P.'s mother to the Center for Independent Living in Berkeley, Easter Seal

Rehabilitation Center and United Cerebral Palsy to see if they might have some ideas about adaptive equipment or toys for B.P..

2) B.P. should continue to be encouraged to vocalize more for herself to foster increased verbal communication, coupled with other gestural and assisted communication systems.

Ways to use songs and music to increase vocalization were discussed. B.P.'s mother noted that the speech therapist has been working on similar goals and that B.P. has begun to respond using "Adorable Dora."

3) B.P.'s mother should continue her techniques of 'error free learning' in playing with B.P. and perhaps help B.P.'s siblings use the same techniques.

The group discussed the way B.P.'s mother identifies the choices and provides an additional cue (i.e., is this the apple or is this the APPLE , or putting the correct one slightly closer). It was recommended that this was an excellent way to begin working on concepts but that as B.P. began to learn some of the concepts that the extra cues be dropped.

Some of the concepts that might be explored are: 1) seriation (ordering things, i.e., big/little), 2) classification tasks (i.e., same and different or finding all the red things in a group of two or three things), 3) sequencing (the order of events could be done through telling stories and seeing if B.P. can anticipate what will come next or by discussing TV programs to work on what happened first, second, etc.).

4) We encourage parent(s) and family to continue working so well with B.P. and to continue to share their successes with future staff working with her.

P.S.

Our thanks to all the staff and particularly B.P. and her mom for being so open and helpful during our learning experience.

IDENTIFICATION OF INDIVIDUALS WITH EXCEPTIONAL NEEDS AGES THREE AND FIVE YEARS, INCLUSIVE

Nancy Obley-Kilborn, Administrator
Infant Preschool Unit, Special Education Division,
California State Department of Education

In California to be eligible for special education and services a child must meet the definition of an individual with exceptional needs as stated in Education Code (E.C.) Section 56026. This definition includes the following requirements:

56026. "Individuals with exceptional needs" means those persons who satisfy all the following:

(a) Identified by an individualized education program team as a handicapped child as that term was defined in subsection (1) of Section 1401 of Title 20 of the United States Code as it read July 1, 1980.

(b) Their impairment, as described by subdivision (a), requires instruction, services, or both which cannot be provided with modification of the regular school program.

(c) Come within one of the following age categories:

(1) Younger than three years of age and identified by the district, the special education local plan area, or the county office as requiring intensive special education and services, as defined by the State Board of Education.

(2) Between the ages of three and five years, inclusive, and identified by the district, the special education local plan area, or the county office as requiring intensive special education and services, as defined by the State Board of Education; or between the ages of three and five years, inclusive, and identified by the district, special education local plan area, or county office pursuant to Section 56441.11.

(3) Between the ages of five years and 18 years, inclusive.

(4) Between the ages of 19 and 21, inclusive; enrolled in or eligible for a program under this part or other special education program prior to his or her 19th birthday; and has not yet completed his or her prescribed course of study or who has not met proficiency standards prescribed pursuant to Sections 51215 and 51216. Any person who becomes 22 years of age while participating in a program uner this part may continue his or her participation in the program for the remainder of the then current school year.

(d) Meet eligibility criteria set forth in regulations adopted by the board, including, but not limited to, those adopted pursuant to Article 2.5 (commencing with Section 56333) of Chapter 4.

(e) Unless handicapped within the meaning of subdivisions (a) to (d), inclusive, pupils whose educational needs are due primarily to unfamiliarity with the English language; temporary physical disabilities; social maladjustment; or environmental, cultural, or economic factors are not individuals with exceptional needs.

Subsection (c) (2) of E.C. Section 56026 establishes two options for preschool aged children, three through five years, inclusive, to be identified as an individual with exceptional needs. These two options are:

1. Meeting the requirement for intensive special education in Section 3031 of Title 5 of the California Administrative Code.

2, Meeting the requirements of E.C. Section 56441.11.

OPTION 1. Meeting the requirement for intensive special education.

To be identified as requiring intensive special education, a child must first be identified as handicapped by meeting one of the criteria in Section 3030 of Title 5 of the California Administrative Code (CAC). It must next be determined that the child's handicapping condition requires intensive special education and services. To meet this requirement, there are three possible criteria, which are listed in Title 5 of the CAC in Section 3031 (2)(A), (B), or (C), as follows:

(2)(A) Functions at 50% or more below his/her chronological age in one or more areas of development.

(2)(B) Functions at 25% or more below his/her chronological age in two or more areas of development.

(2)(C) Has a disabling medical condition or congential syndrome.

OPTION 2. Meeting the requirements of E.C. Section 56441.11.

To be identified as an individual with exceptional needs per E.C. Section 56441.11, the child must meet one of the following:

a. The eligibility criteria set forth in any one of the following subdivisions of Section 3030 of Title 5 of the CAC:

(a) Hearing impairment
(b) Deaf-blind
(c)(2) Voice
(c)(3) Fluency
(d) Visual impairment
(e) Orthopedic impairment
(f) Other health impaired
(g) Autistic
(h) Mental impairment
(i) Seriously emotionally disturbed

b. The eligibility criteria for a learning disability as stated in E.C. Section 56441.11 (c)(2), which states:

> (2) They have a disorder in one or more basic psychological processes involved in understanding or using language as defined in paragraph (1) of subdivision (j) of Section 3030 of Title 5 of the California Administrative Code as it read on May 1, 1987, which may manifest itself in an impaired ability to listen, think, speak, or develop preacademic skills. They have a discrepancy of at least 25 percent betwen their cognitive development and their development in one or more of the following areas: gross or fine motor, receptive language, expressive language, and school readiness. School readiness includes those skills that lead to the ability to read, write, spell, do mathematical calculations, and understand or use spoken language. The decision as to whether or not a discrepancy exists shall be made by the individualized education program team.

c. The eligibility criteria for an articulation disorder as stated in E.C. Section 56441.11 (c)(3), which states:

> (3) They have an articulation disorder displaying reduced intelligibility or an inability to use the speech mechanism that significantly interferes with communication and attracts adverse attention. Significant interference occurs when the child's developmental scale of articulation competency is six months or more below that expected for his or her chronological age or developmental level.

d. The eligibility criteria for a language disorder as stated in E.C. Section 56441.11 (c)(4), which states:

> (4) They have a language disorder that results in a significant delay in their language development. A significant delay occurs when one area of the child's language development is at least 25 percent below his or her chronological age or developmental level. Areas of language development include receptive and expressive language in the areas of phonology, morphology, syntax, semantics, and pragmatics.

NOTE: All children, birth through twenty-one years of age, suspected to have a language or speech disorder must also meet the requirements in E.C. Section 56333. All children suspected to have a specific learning disability must also meet the requirements in E.C. Section 56337.

INDIVIDUALS WITH EXCEPTIONAL NEEDS, THREE THROUGH FIVE YEARS OF AGE
(EDUCATION CODE 56026 and 56441.11)
CHART

Prepared by Nancy Obley-Kilbom, Administrator
Infant Preschool Unit, Special Education Division, California State Department of Education

Intensive Special Education		Special Education
Education Code 56026(a)	MEETS FEDERAL DEFINITION AS A HANDICAPPED CHILD	Education Code 56441.11(a)
Education Code 56026(b)	HANDICAP REQUIRES INSTRUCTION BEYOND MODIFICATION OF THE REGULAR PROGRAM OR CHILD'S HOME	Education Code 56441.11(b)
Education Code 56026(c)(2)	BETWEEN THREE AND FIVE YEARS, INCLUSIVE	Education Code 56026(c)(2) Education Code 56441.11
Education Code 56026(d)	MEETS ELIGIBILITY CRITERIA FOR ONE OF THE FOLLOWING HANDICAPPING CONDITIONS:	Education Code 56441.11(c)
CAC, Title 5, Section 3030(a) Education Code 56333(e)	- Hearing impairment	CAC, Title 5, Section 3030(a) Education Code 56333(e)
CAC, Title 5, Section 3030(b)	- Deaf-blind	CAC, Title 5, Section 3030(b)
CAC, Title 5, Section 3030(c)(1) Education Code 56333(a)	- Articulation	Education Code 56441.11(c)(3) Education Code 56333(a)
CAC, Title 5, Section 3030(c)(2) Education Code 56333(b)	- Voice	CAC, Title 5, Section 3030(c)(2) Education Code 56333(b)
CAC, Title 5, Section 3030(c)(3) Education Code 56333(c)	- Fluency	CAC, Title 5, Section 3030(c)(3) Education Code 56333(c)
CAC, Title 5, Section 3030(c)(4) Education Code 56333(d)	- Language disorder	Education Code 56441.11(c)(4) Education Code 56333(d)
CAC, Title 5, Section 3030(d)	- Visual impairment	CAC, Title 5, Section 3030(d)
CAC, Title 5, Section 3030(e)	- Orthopedic impairment	CAC, Title 5, Section 3030(e)

CAC, Title 5, Section 3030(f)	- Other health impaired	CAC, Title 5, Section 3030(f)
CAC, Title 5, Section 3030(g)	- Autistic	CAC, Title 5, Section 3030(g)
CAC, Title 5, Section 3030(h)	- Mental impairment	CAC, Title 5, Section 3030(h)
CAC, Title 5, Section 3030(i)	- Seriously emotionally disturbed	CAC, Title 5, Section 3030(i)
CAC, Title 5, Section 3030(j) Education Code 56337	- Learning disability	Education Code 56441.11(c)(2) Education Code 56337
Education Code 56026(f)	HANDICAP IS NOT DUE TO:	Education Code 56441.11(d)
	- Unfamiliarity to English	
	- Temporary disability	
	- Social maladjustment	
	- Environment, cultural, maturational, or economic factors	
Education Code 56441.11(e)	ALTERNATIVE ASSESSMENT PROCEDURES	Education Code 56441.11(e)
CAC, Title 5, Section 3031	REQUIRES INTENSIVE SERVICES:	Not Applicable
CAC, Title 5, Section 3031(1)	- Meets eligibility criteria in Section 3030	Not Applicable
	and	
CAC, Title 5, Section 3031(2)(A)	- Functions at fifty percent or more below chronological age in one or more areas of development	Not Applicable
	or	
CAC, Title 5, Section 3031(2)(B)	- Functions at twenty-five percent or more below chronological age in two or more areas of development	Not Applicable
	or	
CAC, Title 5, Section 3031(2)(C)	- Has a disabling medical condition or congential syndrome	Not Applicable

INFANT PRESCHOOL

DEVELOPMENTAL AGE EQUIVALENTS

Prepared by Nancy Obley-Kilborn, Administrator
Infant Preschool Unit, Special Education Division
California State Department of Education

Chronological Age	Developmental Age with 50% Delay	Developmental Age with 25% Delay
0 years 6 months	0 years 3.00 months	0 years 4.50 months
0 years 7 months	0 years 3.50 months	0 years 5.25 months
0 years 8 months	0 years 4.00 months	0 years 6.00 months
0 years 9 months	0 years 4.50 months	0 years 6.75 months
0 years 10 months	0 years 5.00 months	0 years 7.50 months
0 years 11 months	0 years 5.50 months	0 years 8.25 months
1 year 0 months	0 years 6.00 months	0 years 9.00 months
1 year 1 month	0 years 6.50 months	0 years 9.75 months
1 year 2 months	0 years 7.00 months	0 years 10.50 months
1 year 3 months	0 years 7.50 months	0 years 11.25 months
1 year 4 months	0 years 8.00 months	1 year 0 months
1 year 5 months	0 years 8.50 months	1 year .75 months
1 year 6 months	0 years 9.00 months	1 year 1.50 months
1 year 7 months	0 years 9.50 months	1 year 2.25 months
1 year 8 months	0 years 10.00 months	1 year 3.00 months
1 year 9 months	0 years 10.50 months	1 year 3.75 months
1 year 10 months	0 years 11.00 months	1 year 4.50 months
1 year 11 months	0 years 11.50 months	1 year 5.25 months
2 years 0 months	1 year 0 months	1 year 6.00 months

Chronological Age	Developmental Age with 50% Delay	Developmental Age with 25% Delay
2 years 1 month	1 year .50 month	1 year 6.75 months
2 years 2 months	1 year 1.00 month	1 year 7.50 months
2 years 3 months	1 year 1.50 months	1 year 8.25 months
2 years 4 months	1 year 2.00 months	1 year 9.00 months
2 years 5 months	1 year 2.50 months	1 year 9.75 months
2 years 6 months	1 year 3.00 months	1 year 10.50 months
2 years 7 months	1 year 3.50 months	1 year 11.25 months
2 years 8 months	1 year 4.00 months	2 years 0 months
2 years 9 months	1 year 4.50 months	2 years .75 month
2 years 10 months	1 year 5.00 months	2 years 1.50 months
2 years 11 months	1 year 5.50 months	2 years 2.25 months
3 years 0 months	1 year 6.00 months	2 years 3.00 months
3 years 1 month	1 year 6.50 months	2 years 3.75 months
3 years 2 months	1 year 7.00 months	2 years 4.50 months
3 years 3 months	1 year 7.50 months	2 years 5.25 months
3 years 4 months	1 year 8.00 months	2 years 6.00 months
3 years 5 months	1 year 8.50 months	2 years 6.75 months
3 years 6 months	1 year 9.00 months	2 years 7.50 months
3 years 7 months	1 year 9.50 months	2 years 8.25 months
3 years 8 months	1 year 10.00 months	2 years 9.00 months
3 years 9 months	1 year 10.50 months	2 years 9.75 months
3 years 10 months	1 year 11.00 months	2 years 10.50 months
3 years 11 months	1 year 11.50 months	2 years 11.25 months
4 years 0 months	2 years 0 months	3 years 0 months

Chronological Age	Developmental Age with 50% Delay	Developmental Age with 25% Delay
4 years 1 month	2 years .50 month	3 years .75 month
4 years 2 months	2 years 1.00 month	3 years 1.50 months
4 years 3 months	2 years 1.50 months	3 years 2.25 months
4 years 4 months	2 years 2.00 months	3 years 3.00 months
4 years 5 months	2 years 2.50 months	3 years 3.75 months
4 years 6 months	2 years 3.00 months	3 years 4.50 months
4 years 7 months	2 years 3.50 months	3 years 5.25 months
4 years 8 months	2 years 4.00 months	3 years 6.00 months
4 years 9 months	2 years 4.50 months	3 years 6.75 months
4 years 10 months	2 years 5.00 months	3 years 7.50 months
4 years 11 months	2 years 5.50 months	3 years 8.25 months
5 years 0 months		3 years 9.00 months
5 years 1 month		3 years 9.75 months
5 years 2 months		3 years 10.50 months
5 years 3 months		3 years 11.25 months
5 years 4 months		4 years 0 months
5 years 5 months		4 years .75 month
5 years 6 months		4 years 1.50 months
5 years 7 months		4 years 2.25 months
5 years 8 months		4 years 3.00 months
5 years 9 months		4 years 3.75 months
5 years 10 months		4 years 4.50 months
5 years 11 months		4 years 5.25 months

Program Operations

This section includes:

* Family Involvement
  Linda Cranor

  This section includes:
  - Best Practices
  - Parent/Family Involvement Activities
    Suggested family involvement activities are provided.
  - Early Childhood Assessment Parent Fact Sheet
    Suggestions for families and assessment teams for quality assessments are provided.
  - Dissemination and Communication Strategies for Parents - Group and Personal Strategies
    Pros and cons of different family involvement strategies are outlined in a matrix.

* Community Networking
  This section is an excerpt from the Resource Guide for Early Childhood Special Educators which outlines the purposes and methods of community networking and provides indicators of effective involvement with other service providers in the community.

* Community Resources
  This section lists commonly found resources that may be of assistance to programs as they work to develop the full range of services needed by young children with exceptional needs and their families.

* Community Resources Telephone Listing
  This telephone sheet is intended as a brief outline for programs to list important telephone numbers of community resources that may be involved with preschool programs.

* Least Restrictive Environment for Young Children
  Linda Brekken and Chris Drouin

  A brief article from *Special EDge* which describes a variety of service delivery options for preschoolers with exceptional needs and lists the range of regular early childhood programs available for providing integrated settings.

* Social Interactions
  Mary Frances Hanline, Ph.D.
  Project STIP (Supported Transition to Integrated Preschools)
  An HCEEP project of San Francisco Unified School District

  These one page materials highlight the importance of social interactions for preschoolers with exceptional needs and describe ways of promoting social interactions among young children.

* Ways to Socially Integrate Handicapped and Nonhandicapped Children
  From Arenson, B. and Hannaman, B., *Hand In Hand: A teacher's guide to preschool mainstreaming*. San Francisco: Jossey-Bass, Inc., 1983.

  Strategies for promoting social interaction in integrated preschools are presented in this useful chapter. An annotated bibliography is also included.

* Curriculum Considerations
  Linda Brekken, Ph.D.

  This section provides an overview of considerations in choosing and adapting curriculum for preschoolers with exceptional needs and their families.

* Needs Assessment for Staff Development & Staff Development Action Plans
  Sheila Wolfe

  Excerpts from the *Early Intervention Program Self Assessment Guide*, Wolfe, S. and Brekken, L. (eds.) which provide a brief program needs assessment and a format for developing staff development action plans.

Best Practices for Family Involvement in Preschool Special Education Programs

Linda Cranor
Personnel Development for
Infant Preschool Programs

It is clearly the legislative intent of AB 2666 that best practice in early childhood exceptional education programs provide family services as an integral part of their responsibilities in meeting the young preschoolers' exceptional needs. By closely working with families, professionals can enhance the capabilities of parents in meeting their child's needs as well as supporting them in meeting the family challenges of caring for a young child with a handicapping condition. Parents may feel overwhelmed as they begin to look for services for their young child. Unlike parents of typical children who will have their child's preschool needs primarily met by private schools, these new parents need to "learn the ropes" of an often complicated system.

Naturally like other parents, these parents will look for programs that will meet both their child's and family needs. Because most parents, however, will be unfamiliar with special education services, they may require assistance from professionals or other parents to help them:

* Better understand the importance of intervention in the early years of a child's life.

* Sort out the focus of their child's special education needs.

Typically when parents look for a preschool for their child, there are a number of considerations families take into account before making a decision. These considerations may include: program hours and location, cost, amount of required parent involvement, curriculum, accessibility to after school childcare, classroom make-up, program philosophy, teacher strengths and flexibility.

Feelings of vulnerability and helplessness are normal feelings of parents of children with special needs as they begin to look for preschool options that will appropriately meet both their important family priorities, as well as their child's special education needs.

At this time, professionals must help parents make decisions that will integrate both child and family needs. Professionals helping parents through this difficult process can reduce family stress, better enabling families to provide the healthy home environment children need to thrive in. Recommendations for what professionals can do for families at this time:

* Establish mutual trust by being understanding and non-judgemental.
* Treat parents as equal partners.
* Provide information, assistance, and support.
* Help parents build confidence and pride by acknowledging their abilities and valuing their observations and input.
* Provide opportunities for parents to meet other parents.
* Help parents co-ordinate their child's special education needs with other services being provided by public and private agencies.
* Offer a continuum of services to children with exceptional needs that provide individualized and flexible opportunities for parent and family participation and involvement.

By providing a focus of parent/family involvement integrated into all aspects of education services, early childhood special educators will be supporting the unique needs of children and their families throughout the entire process, as well as providing special assistance and expertise in assessment and intervention programming.

A family focused philosophy reflects an understanding of the whole child within the context of the entire family unit and maximizes the child's most valued resources -- the family.

Parent/Family Involvement Activities

Linda Cranor
Personnel Development for Infant Preschool Programs

Taking a leadership role in encouraging parents to be involved throughout the entire special education process, is the responsibility of early childhood educators. Parent involvement in referral, assessment, placement and program planning, evaluation and transition will enable families to better understand the special education process as well as aid them in being more informed and competent partners with preschool educators.

The committment to which early childhood special educators develop a collaborative, family focused service delivery system, will be reflected most in the flexibility and quality of the shared involvements of families and educators. Although providing options for parent involvement is an important function of early childhood programs, the most essential aspect of providing options is assuring that these services are, in fact, meeting individual and family needs. The development of family involvement strategies must be based on careful assessment of the needs of program families.

Families have the right to make decisions and choices in regard to the nature and amount of their participation in their child's preschool activities.

Recommendations for Involvement Opportunities

Parent Professional Communications

* Home visit participation and support
* Consultations with staff and/or administrators (personal and/or telephone)
* Individual child/family notebooks
* Program flyers, updates, newsletters
* Video sharing - school to home and home to school

Classroom Participation

* Observing child in the program
* Assisting staff as a parent aide
* Joining program at special times (for example: circle, lunch, individual instruction, related services time)
* Sharing special skills or interests (for example: playing the piano or telling stories)
* Including siblings and/or special family members (for example: grandparents in classroom visitations)
* Assisting on field trips or special events

Parent Professional Meetings and Activities

* Participation in required meetings; intake, assessment, IEP planning
* Program orientation meetings
* Program informational meetings (for example: knowing your community resources, child and parent rights, program curriculum)
* Participation in social gatherings, potlucks, and holiday activities
* Helping out on program workdays

Pursuing Special Topic Interests

* Participation in special topic parent program meetings
* Reading recommended resource materials and books
* Viewing instructional media: video, slides, films, television specials
* Involvement in special interests organizations (for example: parent to parent groups, Downs Syndrome Association, Associations for Retarded
* Citizens, Parent-Teacher Associations (PTA)
* Attending workshops or conferences

Parent to Parent Networking

* Attending program parent group meetings
* Participation in community parent to parent support programs
* Collaborating with other moms at "Mommie and Me" activities or coffees
* Linking with returning program parents who have children with similar concerns
* Involvement in community organizations
* Developing personal friendships with other program parents

Child/Parent/Family Support

* Attending program or community parent support groups
* Consulting with staff and/or other community resources on parent/family issues
* Helping siblings better understand their brother or sister's special needs (for example: involvement in sibling support group or sibling participation in home visits or center program activities
* Seeking opportunities for support in successfully parenting a child with special educational concerns.

Parent Leadership

* Representing parents on program advisory committee
* Representing preschool issues on community advisory councils (CAC)
* Presenting on a parent panel for staff development activities
* Representing preschool issues at interagency community collaborative groups
* Volunteering to be a parent group liaison
* Testifying at legislative hearings
* Preparing program presentations for community fundraising or public support

Individual Parent Involvement

* Working at home on IEP goals
* Following up on suggested school concerns (for example: issues related to health, behavior, or nutrition)
* Helping out on program special activities (for example: working at a disability awareness day or a safe and free workshop)
* Volunteering to bake cupcakes, provide craft materials from home, paint a book shelf, donate needed school supplies (graham crackers and juice), sell raffle tickets
* Supporting child and program's success by working toward maximum child attendance
* Developing new successful parenting skills to help meet child's special needs

Encouraging families from diverse cultural and socioeconomic backgrounds to be equal partners in joint decision making and school participation, requires additional understanding about: family values in respect to education; communication problems; and very real barriers that families express affect their ability to be more involved.

Typical barriers to family involvement in preschool programs are conflicts with work, lack of time, transportation problems and child care needs. Suggested recommendations for overcoming some of these barriers are:

* Arranging convenient meeting times
* Providing adequate notice of meeting dates
* Use of appropriate translators and bilingual staff
* Provision of transportation
* Provision of child care

Additional recommendations to assure successful family involvement include:

* assessing the needs and barriers of program families annually; communicating and demonstrating the importance of parents and educators working collaboratively;
* hiring special educators and parent aides from diverse socioeconomic, cultural and linguistic backgrounds; and
* developing materials and resources for parents use in appropriate languages.

These strategies will assist early education staff in providing equal opportunities for family success in working with special education preschool programs.

Early Childhood Assessment Parent Fact Sheet

- If you are the parent of a new born or newly diagnose child with special concerns, chances are you are feeling over whelmed with the additional parenting responsibilities you now may be facing.
- Entering the Service Delivery System for Early Childhood Intervention is always difficult for families, even when caring and skilled professionals are available for assistance and support.
- Because for you, the parent, there can be no preparation for this unanticipated event in your family's life, it is the role of those of us in early intervention who have chosen to work with special needs children and their families to help your child and you.
- Early Childhood Intervention is an individualized program that is collaboratively developed and implemented by you and professionals to meet your child and family's special needs. These helping professionals may include persons with experience and expertise in any of the following areas: early childhood education, special education, physical, occupational or speech therapy, health, psychology or social work.
- Early childhood assessment is the process by which you and these professionals bring your areas of expertise together to best determine your child and family's strengths and areas of need.
- Although, parents at this time often feel totally helpless and inadequate, you do in fact, have much to teach us about your child and family.
- Your involvement and participation in your child's assessment will help professionals learn who your child really is. An assessment that will be useful and valuable to everyone, must include your expertise.
- Research studies have indicated that not only are families the primary resource of information about their children, but also verify the validity of parent observations of their child.
- You are the most capable, consistent, long-term caregiver, teacher and advocate for your child.

Linda Cranor
10/86

Assessment Tips for Parents

- Teach professionals what you know about your child and family.
- Value your observations and instincts and share them.
- Understand that it is normal for parents to feel a range of mixed emotions in this difficult situation.
- Bring someone with you - preferably your spouse or a relative.
- Express your concerns.
- Be prepared to ask questions.
- Acknowledge your parenting strengths and areas of need.
- Bring professionals the most accurate information you can.
- Ask what the next step is.
- Ask for help for your child, your family or yourself.
- Believe professionals want the best for you and your family.
- Collaborate toward equal partnerships with professionals.

Assessment Tips for Professionals

- Allow parents to teach you about their child.
- Listen carefully.
- Value what they tell you.
- Provide encouragement.
- Make time.
- Provide numerous options for parent involvement.
- Remember this is an unfamiliar experience.
- Let parents know what the next step is.
- Assume there are always questions.
- Bring parents the best information you can.
- Be human.
- Believe parents want the best for their children.
- Let them know.

DISSEMINATION & COMMUNICATION STRATEGIES FOR PARENTS - GROUP STRATEGIES

	SCHEDULED PRINTED MATERIALS	HANDBOOKS	WORKSHOPS FOR PARENT/PROFESSIONALS	NEWSPAPERS	WORKSHOPS FOR PARENTS
OBJECTIVES	To inform parents of program news & special events.	To provide specific information.	To provide opportunity for parents & professionals to interact & learn together.	To inform general public of issues; To provide specific information.	To provide parents with in-depth information or skills.
ADVANTAGES	Can include info. applicable to all parents in a single communication.	Material can be read at person's convenience; Information is conveyed exactly as planned; Much information can be covered in organized manner.	Same message is heard by both parents and professionals; Able to interact in small groups.	Able to cover more extensive info. than radio or TV; Can be saved and referred to again.	Deeper level of training is possible; Questions can be answered.
DISADVANTAGES	Difficult to write because of varying levels of parents.	Parents may not be able to read at this level; May be expensive to copy; May be too much information; Topical info. may be outdated quickly.	Limited as to size of group; May be atypical sample of parents & professionals.	15-20% illiteracy or unable to read above 6th grade level; Parents may miss announcement or article.	Limited attendance; Difficult for working parents to attend; Parents in lower socioeconomic levels may not be comfortable in training milieu.
CONSIDERATIONS	Should have universal appeal; Use short, high-interest items; Incorporate most children's names.	Make several short handbooks rather than one long one; Analyze for 6-8th grade reading level; Keep it short; Don't make copy too busy-looking.	Strive for good representation from key groups; Provide opportunity for give & take.	Analyze material for reading level; Write in catchy, attractive style; Workshop by newspaper person may be helpful.	Provide childcare; Provide wide range of materials to accomodate range of parents; Consider time of day/day of week of workshop.

Dr. Roger Kroth, University of New Mexico, Albuquerque, New Mexico 87131

DISSEMINATION & COMMUNICATION STRATEGIES FOR PARENTS - PERSONAL STRATEGIES

	SCHEDULED WRITTEN REPORTS	INFORMAL NOTES	SCRAPBOOK	VIDEO, MOVIES	TELEPHONE	CONFERENCES
OBJECTIVES	To keep parents informed regularly of child's progress.	To highlight special events.	To show child's achievements with examples (pictures, child's work, written notes).	To show child's accomplishments to parents.	To share info. or problem-solve.	To share info. & feelings between parents & professionals.
ADVANTAGES	Maintains contact; Easy to do; Personal; Proud parent can show it to others.	Personalized; Shows special interest in child; Does not have to be maintained; Proud parent can show it to others.	Personalized; Highly motivating; Pictures often more meaningful than words.	Personalized; Live shots may be more meaningful than words.	Personalized; Easy; Can cover more territory then written word or video; Quick feedback.	Face to face contact can facilitate communication; Most preferred method of sharing information by parents;
DISADVANTAGES	Must be done on regular basis; May not show growth in low functioning child; May not provide teacher with feedback; Can't see how parents interpret information.	Easily put off or forgotten.	Time-consuming; Can be expensive.	Expensive; Requires viewing equipment; May take a long time to get samples needed.	Cannot read body language over the phone; Cannot show or demonstrate.	Arranging time may be difficult as 70% of children have both parents working; Some parents are hesitant about coming to school; Transportation can be a problem.
CONSIDERATIONS	Must be written at parent reading level & info. level; Must be willing to do on regular basis.	Are you doing it for all children? Need to budget materials.	Might be organized around skills (motor, language); How to share with parents without losing it; How to keep it up-to-date?	If shown at home, is electricity available? Is tape self-explanatory? Interpreter needed? Might want to include staff as well as children.	Prepare parents for call: establish time & purpose for call; Review family info. & purpose of call before calling; Prepare written notes to work from during call.	Professionals and training on good conferencing skills; Scheduling can be a problem.

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Community Networking

Programs serving young children with special needs and their families are rarely able to provide all of the diverse services that children and families may require. How, with ever shrinking resources, can we provide the medical, diagnostic, mental health and social services that are needed? How can we utilize those services that already exist with personnel who may be more skilled at providing the services than we are, and yet still maintain consistency and coordination among the various agencies? How can we provide a full range of services to meet the diverse needs of families who may come to us for assistance, but who may not meet our eligibility criteria?

No single agency can develop the range of program options that are needed in providing high quality services to handicapped infants, young children and their families. By collaborating with other programs and agencies, it is possible to design a cascade of services that meets the needs of a far wider range of children and families. In order to develop this range of services, programs for young children with special needs must actively seek to work with other agencies. Few professionals who work in early childhood special education have had specialized training in interagency collaboration or community networking. This process may entail assuming new roles and responsibilities.

The term community networking describes a number of activities in which a program engages in order to coordinate services between agencies. These activities may range from informal participation in a community fair to a formal written contract for service with another agency.

Before working with other agencies there are several things to keep in mind:

* Know the agencies, the services they provide, and if possible key contact people.
* Know what you want to accomplish by working with them.

Community networking is a process that varies between communities because of differences in resources, geographic and cultural factors, and community needs., Therefore, successful interagency collaboration relies heavily on the willingness of the various parties to engage in cooperative efforts.

The community networking process involves two important aspects: 1) the purpose, and 2) the methods.

PURPOSES:

* To create awareness of the program in the community, to convey information about the program's services and referral procedures.
* To enhance the availability of ancillary services to children and families served by the program.
* To coordinate with others serving the same children.
* To extend the service options available to children and families through shared placements and/or interagency agreements.
* To contribute to community awareness of the needs of young children with special needs and their families.

METHODS:

* Public awareness campaigns, including brochures, personal contacts, open houses, media coverage, etc.
* Meetings: a) for all agencies for "show and tell;" b) for all agencies to deal with a specific issue of common interest; and/or c) between individual agencies.
* Presentations at local, state, and national meetings.
* Participate in community advisory councils for other programs of invite key people from other agencies to be a member of your advisory group.
* Co-sponsor joint inservice training or special project development.
* Develop interagency agreements, either formally or informally, to extend services and to make the system more responsive to the needs of young children with special needs and their families.

Community networking is a process that is used to extend and broaden the services that are available to young children with special needs and their families. It increases the options, makes the service system more accessible and less intrusive, and helps to develop a community-wide base of support for quality programs and services for young children. Although the types of networking you engage in will probably change over time, it is an important activity that will occur throughout the life of a successful early intervention program.

INDICATORS

As you review your program's involvement with other services, systems, and agencies in the community serving young children with special needs and their families, you may want to consider the statement below. If you answer "no," the issue may need further study by staff, administration, or parents whom you serve.

___ Is your program known throughout the community? Do you receive referrals from all of the agencies/ individuals that you would expect? Are all appropriate agencies providing you with referrals?

___ Do you have a referral source for needed services that you cannot provide for families in your program?

___ Are the referral procedures smooth, efficient, and satisfactory to the parents?

___ Are you and the parents satisfied with the coordination of services?

___ Does your program provide a full range of program options?

___ Does your community have an awareness of and a strong lobbying group for the needs of young children with special needs and their families?

___ Do you have a brochure describing your program? A program description?

___ Do you have a slidetape or videotape that can be used to educate people about your program?

___ Have you held meetings to develop support and publicize your programs?

___ Do you know people within all of the other service system or agencies?

___ Do you have an Advisory Committee?

___ Do you serve on any other agency's advisory committee?

___ Have you ever done joint training or project development with another agency?

___ Do you have informal agreements with other agencies?

___ Do you have formal agreements with other agencies?

___ Are you acquainted with most or all of the other agencies and service systems that serve young children and their families in your area?

___ Do you participate in yearly events with cooperating agencies?

___ Is there a system of case management established between agencies which eliminates duplication of services and respects the family's needs for continuity?

COMMUNITY RESOURCES FOR PRESCHOOLERS WITH EXCEPTIONAL NEEDS AND THEIR FAMILIES

Compiled by:

Gina Guarneri, Personnel Development for Infant Preschool Programs
Linda Brekken, Personnel Development for Infant Preschool Programs
Evelyn Carr, Infant Preschool Unit, Special Education Division
Chris Drouin, Personnel Development for Infant Preschool Programs

COMMUNITY RESOURCES FOR PRESCHOOLERS WITH EXCEPTIONAL NEEDS AND THEIR FAMILIES

Preschoolers with exceptional needs and their families served in early education programs have a variety of needs that can rarely be met by a single program. With the passage of A.B. 2666 (Hannigan), programs serving preschoolers with exceptional needs must work closely with other agencies and programs serving these children and their families in their community. In order to assure that these preschoolers and their families have access to the full range of educational, medical, developmental and social services, it is critical that early education programs work cooperatively with other services in the community. As programs identify other community resources and begin to work together, it is important to understand other agencies' mandates, eligibility and guidelines to effectively coordinate services. The following questions may assist prorams in learning about other service providers.

* What is the general mandate for the agency or program?

* What ages are served?

* What geographic area is served?

* What handicapping conditions are served? Are at risk children also served?

* What is the eligibility criteria?
  - Ages served?
  - Are services limited to specific medical or handicapping conditions?
  - Are there specifications in the eligibility criteria regarding the severity of the condition?
  - if the age of the child or his/her condition changes, how does that affect eligibility for services (are there different criteria for different ages?)?
  - is eligibility contingent on space available?
  - is eligibility determined by family income?
  - is parental payment or co-payment required?

* What is the eligibility determination process?
  - Who can start the referral process?
  - What are the steps in the eligibility process?
  - Who decides eligibility?
  - What evidence is used to determine eligibility?
  - What are the timelines for eligibility determination?
  - Is there an appeal process? If so, how does it work?

* What are the priority areas for services for the agency /program? (case management, therapy services, child care, etc.)

* What is the process for transitioning children between programs?

LB/CD

The following are commonly found resources that may be of assistance to you as you work to meet the full range of services needed by young children with special needs and their families in your program. Although the majority of the listings focus on programs for preschoolers and their families, some programs for infants are listed as well. These infant programs may be important sources of referrals, as children turn three years old and transition into preschool programs.

Education

Resources for program options for children and inservice training for families and staff.

* Public Education
  - Special Education
  - Bilingual Education
  - Early Childhood Education
* Private Early Childhood Educational Programs
* Community/Adult Educational Programs (through the Parks and Recreation Dept.)

Developmental Disabilities Services/Regional Centers

Provides case management services for individuals with developmental disabilities and their families.

* Regional Centers (21 in California)
* Prevention Units in each Regional Center.

Health

Services to meet the medical, health and therapy needs of young children and their families.

* California Children's Services
  - Medical Treatment Units (provide therapy and equipment to eligible children)
  - Medical Payment Assistance Program (assistance in the payment of medical/ hospitalization costs to eligible families)
  - High Risk Infant Followup Programs
* Maternal and Child Health (MCH) High Risk Infant Followup Programs
* Medi-Cal
* Public Health Departments
  - Child Health Disability Prevention (CHDP)
  - Well Baby Clinics
* Private Physicians and Health Maintenance Organizations
* Speech and Audiology clinics

Mental Health

Provides family counseling services.

* County Mental Health Programs

* Private Mental Health Centers/Programs

Child Care/Child Development Programs

Resources for mainstreaming and child care options.

* Head Start

* State Preschool

* Children's Centers

* Private Child Care Providers

* Child Care Resource and Referral Agencies (provides referral services to families seeking child care and technical assistance to child care providers)

Social Services

Resources to assist in meeting the social service needs of families.

* Social Services Department of (County) or Welfare Department
  WIC (Women, Infants and Children) Program
  Food Stamps
  Welfare Aid to Families with Dependent Children (AFDC)
  Children's Protective Services
  Foster Care

* CA Department of Social Services
  Supplemental Security Income (SSI)

* Child Abuse Prevention Projects (public and private)

* Religion-affiliated social services (e.g. Catholic Social Services)

* Legal Aid Services

Parent Organizations

Resources for support to families and inservice to families and staff.

* Community Advisory Committee for Special Education (CAC)

* Parent to Parent Support Groups

* Parent Teacher Association (PTA)

* Down Syndrome Parents Group (or other disability specific parent groups)

Philanthropic Organizations

Groups that are devoted to serve the community through donations of time, materials and money.

* Variety Club
* Optimists
* Lions Club (Known for their vision services)
* Junior League
* Junior Chamber of Commerce
* Elks
* Shriners (Provide orthopedic services)

Other Groups and Organizations (Not an exhaustive list)

Provides resource assistance and inservice training to staff and families or provides services to children and families.

* Spina Bifida Association
* Association for Retarded Citizens (ARC)
* CA Association for Neurologically Handicapped Children (CANHC)
* March of Dimes
* Crippled Children's Society
* Easter Seal Society
* American Cancer Society
* United Cerebral Palsy

Ethnic Organizations/Groups

Public or private organizations that provide assistance to families who emigrate to the United States. May be able to provide inservices to staff and families, and assist families in obtaining services and acculturating to the American system. The names of the organizations will vary with each community. An example is the Chinatown Service Center of Los Angeles.

STATEWIDE SERVICES IN EARLY EDUCATION

Services provided by State and Federal agencies for the benefit of young children with special needs and families.

* Special Education Division, Department of Education

Infant Preschool Unit

Field Services provide program development technical assistance, information on funding and legislation, assist with the compliance of state and federal law, and review and recommend for approval SELPA Local Plans as they pertain to infants and preschoolers.

Infant Preschool Field Meetings are bimonthly meetings (October,December,February,April) sponsored by the Infant Preschool Unit. The meetings are held the first Tuesday (north) and Thursday(south) of the month; topics covered are legislation, funding, and a bimonthly "special topic". Contact: Sally Hinton, 916-323-4755.

Lead Consultant :	Nancy Obley-Kilborn	916-322-4695
Field Services:	Sally Hinton	916-323-4755
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Secretary:	Romona Burton	916-322-4695

Infant Preschool Unit
Special Education Division
State Dept. of Education
P.O. Box 944272
Sacramento CA 94244-2720

Local Assistance Bureau (LAB)

LAB operates the funding formulas for public education programs. An analyst is assigned to each county to act as a contact person to LAB.

Consultant Services

Provide technical assistance and resource information to public education programs. A consultant is assigned to each SELPA.

* **Child Development Division, Department of Education**

Child Development Programs provide child care, with a developmental curriculum, to low income families. The goal of the project is to support parents who are working or training for a job (including higher education). The Child Development Division spends $350,000,000 annually on its' projects. Funded projects include: State Preschool, Migrant Programs, Alternative Payment Program, Campus Child Care, and School Age Parent and Infant Programs.

* **Adult Education, Department of Education**

Parent participation nursery schools are funded under the Parent Education Program. The parent participation nursery schools serve as a learning lab for parent education classes. Parents participate in the classroom and attend child development classes.

* **College Lab Schools**

College lab schools are housed on the campuses of the community college, University of California, and California State University systems. The lab schools serve as a training site for students in educational programs. The schools are sponsored by various departments, e.g. Home Economics, Education, Child Development.

* **Personnel Development for Infant Preschool Programs**

This is a statewide staff development project administered through the Program, Curriculum, and Training Unit of the Special Education Division and operated on a grant through United Cerebral Palsy. Personnel Development for Infant Preschool Programs works collaboratively with the Infant Preschool Unit, Special Education Division, State Department of Education, to provide inservice training and resource assistance to programs and personnel serving children birth through five with special needs and their families. During the 1987-88 program year a major focus will be to provide staff development in support of implementation of A.B. 2666 and other new legislation. Training programs are available in Interagency Collaboration, Early Childhood Special Education Team Assessment, and Best Practice Demonstration Site Training Program.

Coordinator: Linda Brekken
Education
Specialists: Michael Eastman
Gina Guarneri
Parent Specialist: Linda Cranor
Secretary: Chris Parker

650 University Ave. Suite 201
Sacramento CA 95825
916-921-0531

Education
Specialists: Chris Drouin
Secretary: Audrey Patti

McKinley School
330 So. Oak Knoll, Room 24
Pasadena CA 91101
818-792-6816

* **Regional Centers for Developmental Disabilities**

Assessment

Each of the 21 Regional Centers, funded through the Department of Developmental Services, is mandated to assess all referred children.

Client Program Coordination

Each Regional Center client is assigned a Client Program Coordinator (CPC), who assists the family in developing and implementing a Individual Program Plan (IPP) for meeting the special needs of the child.

Vendored Programs

Regional Centers may contract with local programs to provide services that other agencies do not provide. Some preschool programs, are funded through regional center contracts.

* **Head Start**

Head Start is a federally funded project to provide preschool programs to children from low income families. Every Head Start program has a mandate that 10% of their population must be children with handicapping conditions.

* **Resource Access Project**

Resource Access Project provides training and technical assistance to Head Start programs, focusing on mainstreaming children with handicaps. The RAP assists with the development of local collaborative agreements between Head Start and local agencies.

Judy Smith
Region IX/Head Start
RAP, No. California
115 Eureka Way
Redding, CA 96001
916-241-5530

Linda Radford
Region IX/Head Start
RAP, So. California
1286 Reims
Claremont, CA 91711

* **Resource and Referral Network**

Association of the 67 Resource and Referral Projects in California. The network advocates for and provides technical assistance to local projects, acts as a liaison with state agencies, and administers statewide special projects (e.g. child abuse prevention training).

Patty Siegel
Director
Resource and Referral Network
809 Lincoln Way
San Francisco, CA 94122
415-661-1714

INTERAGENCY COLLABORATION RESOURCES

* Personnel Development for Infant Preschool Programs/Interagency Collaboration in Early Childhood Special Education

This three-year federal personnel preparation grant was recently completed and provided training, technical assistance and resource assistance to state agencies and local communities in interagency collaboration in early intervention. Six demonstration communities have participated in the development of training materials and technical assistance. These efforts have been field tested and evaluated and are available to support local interagency activities.

Contact: Chris Drouin
Personnel Development for
Infant Preschool Programs
McKinley School
330 S. Oak Knoll, Room 24
Pasadena CA 91101
818-792-6816

TRAINING OPPORTUNITIES IN EARLY CHILDHOOD SPECIAL EDUCATION

Programs that are available to persons interested in developing and refining their skills in working with young children with special needs and families.

State Universities with Early Childhood Special Education Programs

* CA State University, Los Angeles
  Dept. of Special Education
  Masters Degree in Early Childhood Special Education
  Contact: Dr. Annette Tessier or Dr. Diane Klein
  213-224-3711

* CA State University, Northridge
  Dept. of Special Education
  Masters Degree in Early Childhood Special Education
  Contact: Dr. Ann Bisno or Dr. Clare Cavallaro
  818-885-2596

* CA State University, San Diego
  Dept. of Special Education
  Masters Degree in Early Childhood Special Education
  Contact: Dr. Eleanor Lynch
  619-265-6665

* CA State University, San Francisco
  Dept. of Special Education
  Certificate Program in Early Childhood Special Education
  Masters Degree in Early Childhood Special Education
  Contact: Dr. Marci Hanson or Dr. Mary Frances Hanline
  415-469-1630

Training Facilities

Programs that provide preservice training and observation in the interdisciplinary team assessment of children with special needs

* University Affiliated Programs, Children's Hospital
  P.O. Box 54700
  Los Angeles,CA 90054
  213-669-2300

* University of California, San Francisco
  School of Medicine
  Child Study Unit
  San Francisco, CA 94143
  Contact: Pamm Kaiser
  415-476-4575

MEMBERSHIP ORGANIZATIONS/NETWORKS

Provide support, training, and legislation updates to members.

* **Division of Early Childhood**
Council of Exceptional Children (DEC/CEC)

A national organization that advocates for quality services for young children with special needs and their families. DEC holds an annual conference. Membership dues is $10.00 annually, in addition to CEC membership.

California Division:

A state organization that also advocates for quality services for young children with special needs and their families. Annual meetings are held in conjunction with the State CEC conference.

President:
Mary Sue Glynn
Whittier Center
3401 Clairemont Drive
San Diego CA 92117

Membership Chair:
Judy Lindbeck
25349 Flanders Drive
Carmel CA 93923

* **Southern California Visually Impaired Network**

A network of parents and professionals who serve visually impaired children (birth -5 years). Activites include regularly scheduled meetings and a weekend workshop for parents

Contact: John Flores
916-323-4766

* **Consortium for Persons Interested In the Education of Infants and Preschoolers with Visual Impairments.**

A network in northern California providing support and resources to the field of visually impaired, in the following major areas: advocacy, legislation, curriculum and assessment, and research and medical updates.

Contact: Clare Friedman
415-863-2250

* **California First Chance Consortium**

A statewide membership organization committed to advocating for quality services for young children with special needs and families throughout California.

Jeanne Mendoza, Ph.D.
San Diego State University
Special Education
North Education, Room 70
San Diego, CA 92182
(619) 285-6630

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* **Infant Preschool Field Meetings**

Bimonthly meetings (October,December,February,April, and June) sponsored by the Infant Preschool Unit, Special Education Division, Department of Education. The meetings are held the first Tuesday (north) and Thursday(south) of the month; topics covered are legislation, funding, and a bimonthly "special topic". Contact: Janine Swanson, 916-322-8411.

JOURNALS/NEWSLETTERS

References for keeping current on legislation, conferences, best practices and research in the field of early intervention.

* Topics in Early Childhood Special Education
Pro-Ed
5341 Industrial Oaks Blvd.
Austin, TX 78735
Subscription Rates: Institutional, $45; Individual, $30; Student, $20.

A quarterly publication, each issue addresses one major topic in the area of early childhood special education.

* DEC Communicator

A quarterly newsletter published by the Division for Early Childhood, covering calendar of events and resource reviews. DEC members receive the newsletter.

* Journal of the Division for Early Childhood
Division for Early Childhood/CEC
1920 Association Drive
Reston, VA 22091

Published biannually by DEC. Each journal contains topic articles and conference updates.

* Exceptional Parent
Psychology Education Corp.
605 Commonwealth Ave.
Boston, Mass. 02215

A magazine that is published eight times a year, dedicated to articles for parents of children with exceptional needs. Annual subscription rate is Institutional, $24.; Individual, $16.00

HANDICAPPED CHILDREN EARLY EDUCATION PROGRAMS (HCEEP)

Federally funded demonstration and outreach projects with the purpose of promoting quality, innovative programming for early childhood special education.

Demonstration Projects:

Direct service programs that develop, implement, and evaluate innovative program options for children with special needs.

* **Community Agencies Cooperating Together (Community ACT)**

Community ACT serves children birth to six years who are at risk for full or partial fetal alcohol syndrome and their families. The project makes a special effort to consider the differing need of three family groups: chronic alcoholics, teenage parents and migrant families.

Nancy Radoff
Program Coordinator
Community ACT
801 County Three Court
Modesto CA 95355
209-571-5108

* **Parents and Visually Impaired Infants (PAVII)**

An early intervention project serving infants, birth through three years, who are visually impaired, and their families. The social basis of learning and the parent's role as an interventionist are emphasized.

Deborah Chen
Director
PAVII
50 Oak Street
San Francisco CA 94102
415-863-22250

* **Project PROTECT**

A project through UCLA, working with infants who have been exposed prenatally to drugs are served prenatally and during the first eighteen months of life. The project addresses needs of the infant, biological parents, foster parents, and staff.

Vickie Kropenske
Director
Project PROTECT
UCLA Intervention Program
1000 Veteran Avenue, Room 23-10
Los Angeles CA 90024
213- 825-0789

* **Child Care Options for Young Handicapped Children**

  This project provides training to daycare center staff and family daycare providers, so that quality child care is available for children with special needs.

  Marianne O'Hare, Director
  Cathy Flynn, Coordinator
  Child Care Options for Young HAndicapped Children
  841 North Fulton Avenue
  Fresno, CA 93728
  209-264-0200

* **Supported Transition to Integrated Preschools (STIP)**

  Project STIP provides comprehensive and coordinated services to families, children and professionals during the child's transition from early intervention programs to model integrated preschool classes. Ongoing inservice training for regular classroom preschool teachers is provided.

  Mary Frances Hanline
  Director
  Project STIP
  Dept. of Special Education
  San Francisco Unified School
  241 Oneida Avenue, Room 80
  San Francisco, CA 94112
  415-586-6400

Outreach Projects:

Projects that are funded to train other programs in their implementation model.

* **Early Childhood Interagency Transition Model**

  The goal of Early Childhood Interagency Transition Model is to ensure a planned transition for young children with handicapping conditions who are moving form one primary service provider to another, through the active participation of the primary individuals involved. The project is through the University of Washington,and has model replication sites in California.

  California Contact:
  Sally Hinton
  Infant Preschool Unit
  Special Education Division
  P.O. Box 944272
  Sacramento CA 94244-2720
  916-323-4755

Community Resources - Telephone List

This outline of names and telephone numbers of important community resources is designed for you to identify and list other programs that may be involved with your preschool services.

Head Start: _____
Contact (Handicap Coordinator) _____
Address _____
Telephone _____

State Preschool/Child Care: _____
Contact _____
Address _____
Telephone _____

Child Care Resource & Referral _____
Contact _____
Address _____
Telephone _____

Private Preschools

Name _____	Name _____
Contact _____	Contact _____
Address _____	Address _____
Telephone _____	Telephone _____
Name _____	Name _____
Contact _____	Contact _____
Address _____	Address _____
Telephone _____	Telephone _____
Name _____	Name _____
Contact _____	Contact _____
Address _____	Address _____
Telephone _____	Telephone _____

Regional Center _____
Contact _____
Address _____
Telephone _____

California Children's Services _____
Contact _____
Address _____
Telephone _____

Public Health Department _____
Contact _____
Address _____
Telephone _____

Other Health Services

Name _____ Name _____
Contact _____ Contact _____
Address _____ Address _____
Telephone _____ Telephone _____
Name _____ Name _____
Contact _____ Contact _____
Address _____ Address _____
Telephone _____ Telephone _____

Mental Health _____
Contact _____
Address _____
Telephone _____

Social Services _____
Contact _____
Address _____
Telephone _____

Parent Organizations

Name _____ Name _____
Contact _____ Contact _____
Address _____ Address _____
Telephone _____ Telephone _____
Name _____ Name _____
Contact _____ Contact _____
Address _____ Address _____
Telephone _____ Telephone _____

Other Resources

Name _____ Name _____
Contact _____ Contact _____
Address _____ Address _____
Telephone _____ Telephone _____
Name _____ Name _____
Contact _____ Contact _____
Address _____ Address _____
Telephone _____ Telephone _____

LB/11/87

LRE for Young Children--Home, Childcare, or Preschool

By Linda Brekken, Ph.D.
Project Coordinator, Personnel Development for Infant/Preschool Program, and Chris Drouin, Education Specialist

What is the least restrictive environment for infants and preschoolers with exceptional needs?

For these young children, the least restrictive environment is most often the home, childcare setting, or regular preschool program. Providing special education and services in these settings requires a shift in our thinking and in our service delivery.

With the passage of federal legislation P.L. 99-457 and California's enabling legislation through A.B. 2666, early educational opportunities will be available for all children between the ages of three and five who require special education and services by June 30, 1991. The number of preschoolers eligible for special education will be expanded through a four-year phase-in process.

In addition, AB 3246, effective this year, establishes standards for early education programs for young children (birth to three years) and their families.

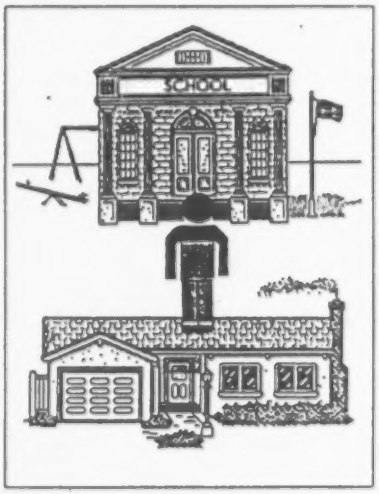
For children served in group settings, the following service delivery options are available in programs throughout California.

Co-Located Programs. In this arrangement, a classroom of special education students is located on the same site as a regular preschool program. The special class can be located at a site where there are multiple preschool classes. Or a regular preschool class can be located at a site with multiple special education classes, one or more of which may be a preschool class. A child can spend most of the day in the regular class and receive support services, or can interact with non-handicapped children only during outside play times. These arrangements can be flexible and adjusted by cooperating teachers to meet the needs of individual children.

Reverse Mainstreaming. This arrangement integrates non-handicapped children into a special class. This can be done through co-located programs, but may also be handled in a variety of other ways. Age-appropriate siblings, neighbors, or children of staff can be included for part or all of the special class day.

Dual Enrollment. In this arrangement, a child attends a special class part of the time and a regular preschool part of the time. Dual enrollment can be done so the child attends one program in the morning and one program in the afternoon, or on a three day/two day basis. Coupled with itinerant special services, dual enrollments can be very beneficial to both the child and the program staff.

Individual and Small Group Instruction. This is often provided through an itinerant services model in the community preschool program, the child's home or on a school site. Services can be provided by a variety of staff members, based on child and family needs.



Contracted Services. Contracts or agreements with other agencies are strongly encouraged when these services are currently provided by another agency and are a cost-effective means of providing the services.

Home Based Services. This is the most "natural" environment for young children. When providing services (either individual or small groups) it is important to emphasize the partnership between parents and professionals in meeting the child's special needs. Home visitors are guests in the family's environment and must respect the family's culture, values, and child rearing practices and incorporate suggested activities into this framework. ■

Learning about Regular Preschool Programs

For most special educators, entering the world of child development programs will be like entering a different culture. Each program is unique, having a different philosophy, curriculum, funding base and enrollment policy. The ability to establish meaningful relationships and opportunities will be based on the special educator's willingness to discover and respect the uniquenesses of the individual child development program. The following are some things to find out:

Program Philosophy. Not all preschool programs are the same. While most preschools emphasize a child's play as a primary mode of learning, the extent to which teachers provide direct instruction or arrange materials in the environment varies across programs. There are generally four program styles: preacademic, cognitive-interactionist, sensory-cognitive, and traditional nursery school.

Program Enrollment Policy. Enrollment policies vary from program to program. Some of the questions to ask include:

- What is the program's enrollment process and timeliness?
- Are there income guidelines? Are there waivers for special situations?
- Does the program serve children with handicapping conditions?
- Do children have to be toilet trained?
- If we wanted to enroll children with handicaps in your program, which children would be eligible, how many spaces could we have, and when would we start the process?

Program Funding. Publicly funded programs such as Head Start, State Preschool and Children's Centers are funded by grants and contracts. Typically the programs receive fixed amounts of money to serve a certain number of children. Private programs are funded by fees, though there may be a few scholarships available. ■

LRE for Young Children--Home, Childcare, or Preschool

Preschool Programs Offer Many Options

As programs work to implement new legislation impacting early education programs for infants and preschoolers with extensive needs and their families, LRE considerations play a major role. Working with families and regular child development programs serves two major purposes: identification of young children with extensive needs and identification of potential LRE placements.

In communities in California there are many ways that school systems and regular child development programs can work together. First, however, it is important to know who your potential partners are. The following is a brief description of regular preschool programs commonly found in California.

Head Start Programs. Head Start is a federally funded child development program for low income children. While the program can serve children three to five, many programs give priority to four-year olds. Head Start is unique among the child development programs in that it has a legislated mandate to make at least ten percent of its enrollment opportunities available to children with handicaps. In addition, programs receive funds to provide special services to handicapped children. Most programs use these funds to hire a Handicap Coordinator and to purchase diagnostic assessments and therapeutic services (i.e., Speech, Occupational, and Physical Therapy) for children in Head Start classes.

Head Start programs may enroll children whose families exceed the income guidelines (up to a maximum of ten percent of their enrollment). However, enrollment priorities are established by each program's policy council, and it is important to learn about the particular programs policy regarding priorities for handicapped children and for over-income children.

Head Start programs are commonly operated by community-action-type agencies and private non-profit agencies. In some cases, programs are also operated by school systems and county boards of supervisors.

State Preschool. State preschool programs are funded by the Child Development Division of the California Department of Education. Like Head Start, it is a compensatory preschool program designed for low income families. Unlike Head Start, State Preschool does not include mandated enrollment of handicapped children. Priorities for enrollment are primarily based on income, with top priority being given to children who have been abused. While there is no enrollment priority, there is a slight incentive to serve children with handicaps, as handicapped children count as slightly more than one in ADA computations. State preschools are most often operated by school districts, though there are some private, non-profit agencies with state preschool contracts (mostly in Los Angeles county).

Children's Centers. Children's Centers are also funded by the Child Development Division of the California Department of Education. The focus of children's centers is to provide full day child care rather than a half day preschool program. Children's Centers are funded to school districts.

Other Child Care Contractors. In addition to children's centers, the Child Development Division awards child care contracts to private non-profit agencies and to colleges and universities. Priority for enrollment is similar to other Child Development Division programs. Campus Child Care may be limited to students and staff of the particular college or university. Many of these contractors operate a certain number of subsidized slots and also serve children from full paying families.

Child Care Resource and Referral Agencies. These contracts are also awarded by the Child Development Division. The task of these agencies is to make information about child care opportunities available to the general public. R&R's as they are commonly known, typically maintain information about all of the licensed child care and child development providers in their catchment area--centers, nursery schools, Head Starts, and family day care homes. They are a rich source of information about who is willing to serve special needs children and what spaces are available in community programs. Frequently, R&R's have funds to purchase child care services for low income families through the Alternative Payment Program. Typically, the waiting list is very long and is stratified based on income.

Regional Occupations Programs (ROP). These are career training programs operated by high schools in California. They may include training for child care careers. If so, they frequently run a preschool program on the ROP site, as well as place their students in community preschools. In addition to providing enrollment opportunities in the ROP program, the staff is very often well respected in community preschool programs.

College and University Lab Schools. The largest source of preschool and child care personnel are the Community and State Colleges in California. Typically, preschool teachers are required to hold a Children's Center Permit, which is based on a two year training program in child development. In order to train their students, many Community Colleges and State Universities operate preschool programs. Like the ROP programs, above, these lab schools can provide placements for handicapped children and also serve as a resource to locate quality placements in community programs.

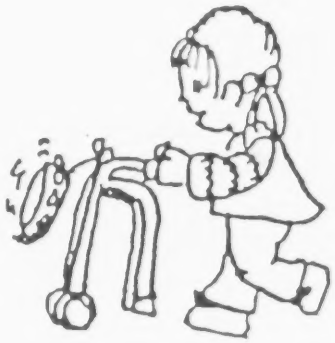
Other Programs. Many types of child development programs that be found. Churches may have preschools. Often recreation and park departments will have some type of child care or parent participation program. The same is true of adult education and for YMCA/YWCAs. ■

Importance of Social Interactions

The opportunity for social interactions with others is very important for the development of all children. Through social interactions, children begin to establish a sense of "self" and to learn what others expect of them. Although social interactions for very young children primarily occur within the family, as children grow and develop, they become more and more interested in playing and interacting with other children. When playing with others, children learn appropriate social behaviors, such as sharing, cooperating, and respecting the property of others. In addition, while interacting with their peers, young children learn communication, cognitive, and motor skills.

Most opportunities for social interactions among young children occur during play. This opportunity to play with others is critical if a child is to develop appropriate social skills. Therefore, encouraging children with disabilities and nondisabled children to play together is an extremely important part of instruction in integrated preschools. The children must have the opportunity to play together if they are to become friends. These friendships will help the nondisabled child form positive, accepting attitudes toward persons who are disabled. In addition, the child who is disabled will have the opportunity to learn age-appropriate social skills.

Children who learn appropriate social skills often have a higher self-esteem and show a greater willingness to interact with their environment as they grow. Opportunities for social interaction not only enhance development in the early years, but also may be important for the future of the young child who is disabled. The ability to interact competently with others is a skill that is required throughout life and may affect future educational and vocational opportunities. Assisting young children who are disabled to learn through positive social interactions with nondisabled children may help them acquire skills from which they will benefit throughout their life.



Mary Frances Hanline, Ph.D., Project STIP Director, San Francisco Unified School District, Department of Special Education, 241 Oneida Avenue, San Francisco, CA 94112 415-586-6400

Promoting Social Interactions

Interacting and playing with peers provides many learning opportunities for young children. In integrated preschool settings, nondisabled children and children with disabilities may need to be encouraged to play together. Social interaction between the two groups of children can be encouraged in a number of different ways. Suggestions for ways to use teacher attention and to structure the classroom to promote socially interactive play are discussed below.

Teachers and other adults can be very effective in promoting social interaction by encouraging children to play together and by praising them when they do. However, it is important to remember that too much adult attention may interfere with the children's interactions. It is a good idea, therefore, for adults to remove themselves from the play situation once children have begun to play together.

Teachers and other adults also can promote interactions by teaching children specific ways to ask other children to play, to share toys, to take turns, to express affection to, and to help other children.

Assisting children to control their aggressive behavior encourages the formation of friendships.

Planning small group activities that require cooperation and sharing motivates socially interactive behavior. For example, painting a mural or making soup as a group encourages children learn to work together.

Being certain that children with disabilities are seated next to nondisabled children makes it easy for the children to interact with and learn from each other.

Allowing the child who is disabled to lead activities, pass out materials, and be praised in front of his or her classmates helps the nondisabled child view the child who is disabled as a competent friend.

Toys such as blocks, dolls, dress-up clothes, trains, and cars promote social interactions much more than do toys such as beads, clay, puzzles, and paints.

Providing toys with which the child who is disabled can play competently encourages the children to play together.

Limiting the number of toys available and requesting that children play in a small area requires the children to share and engage in the same activity, thereby encouraging social interactions.

Mary Frances Hanline, Ph.D., Project STIP Director, San Francisco Unified School District,
Department of Special Education, 241 Oneida Avenue, San Francisco, CA 94112 415-586-6400

Ways to Socially Integrate Handicapped and Nonhandicapped Children

> "The mere lack of social rejection is not necessarily the same as social acceptance" (Fornes, 1979).
>
> "Maintaining handicapped students in the mainstream is relatively easy, facilitating integration is the more challenging task" (Hoben, 1980).

Mainstreaming brings handicapped and nonhandicapped children in close proximity to one another in the classroom. However, simply having the children in the same room does not guarantee that integrated and/or interactive activities will occur (Raver, 1979; Rogers-Warren, 1982).

The benefits of the social integration which should result from maintreaming are quite significant. As Ipsa and Matz (1978) pointed out

> ...being exposed to nonhandicapped peers probably enabled the handicapped child to develop, or continue to develop, 'normal behavior'. Nonhandicapped children seem to have stimulated handicapped children to become involved in activities they might not otherwise have attempted, encouraged them both by serving as models and by offering them the challenge of, and reinforcement for interactive play.

Handicapped children are better accepted by and interact at higher rates with nonhandicapped peers in environments where discreet planning is done to facilitate social integration (Raver, 1979). Some basic examples of such planning include pre-arranged seating or assignment of partners done purposely to mix and match handicapped and nonhandicapped children.

From: Arenson & Hanneman. *Hand in Hand: A teacher's guide to preschool mainstreaming*. San Diego: Preschool Mainstreaming Project, San Diego Unified School District, 1983.

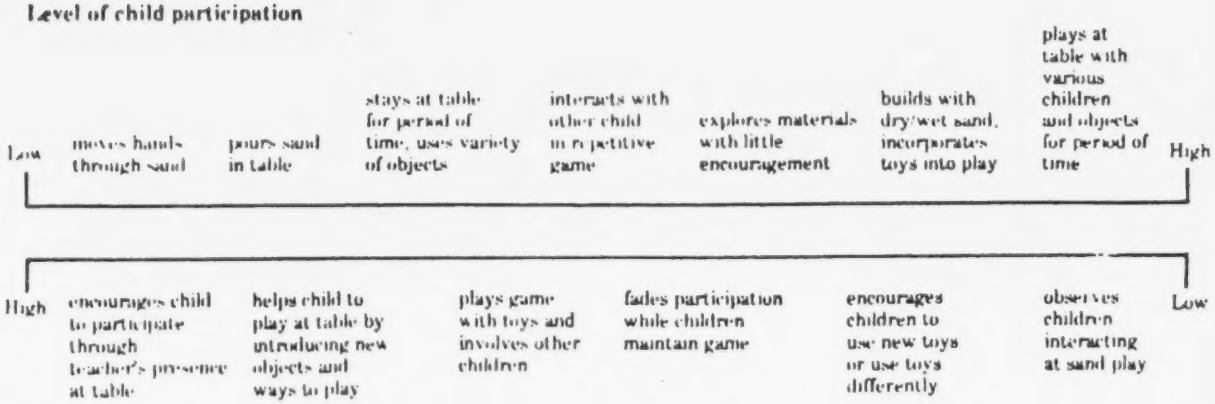
As Dunlop (1979) stated

> The teacher in the successfully mainstreamed classroom is alert for repeated occurrences of self-imposed or other-imposed isolation. She or he is, in short, a good observer of the patterns of social interaction in the classroom. The teacher is also aware of individuals and groups of children who are more secure and comfortable and therefore often more able to accept and integrate isolated children into their activities.

The following charts show, for the same activity, how to vary the amount of teacher assistance based on the child's ability to participate.

Sand table: continuum of child participation and teacher support

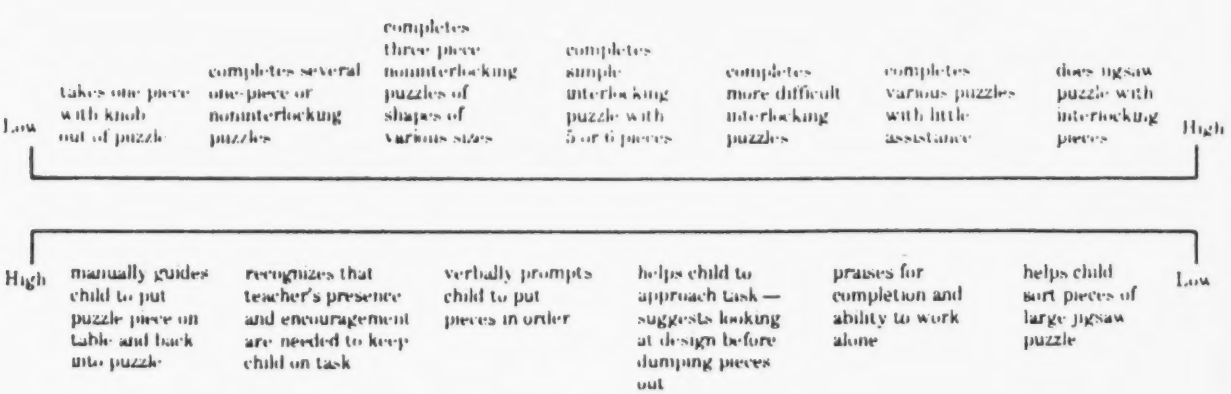
Level of child participation


Low
moves hands through sand
pours sand in table
stays at table for period of time, uses variety of objects
interacts with other child in repetitive game
explores materials with little encouragement
builds with dry/wet sand, incorporates toys into play
plays at table with various children and objects for period of time
High
High
encourages child to participate through teacher's presence at table
helps child to play at table by introducing new objects and ways to play
plays game with toys and involves other children
fades participation while children maintain game
encourages children to use new toys or use toys differently
observes children interacting at sand play
Low

Level of teacher support

Puzzles: continuum of child participation and teacher support

Level of child participation.


Low
takes one piece with knob out of puzzle
completes several one-piece or noninterlocking puzzles
completes three piece noninterlocking puzzles of shapes of various sizes
completes simple interlocking puzzle with 5 or 6 pieces
completes more difficult interlocking puzzles
completes various puzzles with little assistance
does jigsaw puzzle with interlocking pieces
High
High
manually guides child to put puzzle piece on table and back into puzzle
recognizes that teacher's presence and encouragement are needed to keep child on task
verbally prompts child to put pieces in order
helps child to approach task — suggests looking at design before dumping pieces out
praises for completion and ability to work alone
helps child sort pieces of large jigsaw puzzle
Low

Level of teacher support

(Used with permission of Judith. Souweine, Mainstreaming Ideas for Teaching Young Children, Souweine, Crimmins and Mazel.)

As the teacher sets up the environment and chooses activities, consideration should be given to the children's diverse needs and interests so that all children can participate at some level - either together or in close proximity - to each other in every area of the room. As often as possible, the process of the activity will take precedence over any product resulting from the activity. The teacher's responsibility is to ensure that every child feels some success in the experience by providing the appropriate balance of direction, support and independence each child needs to participate at an optimal level.

During open-ended, child-centered activities, (i.e., play) there are numerous possibilities and benefits for all children. Play is a primary medium through which social integration occurs in the classroom. Odom et. al., (1982) noted three areas where benefits from play experiences are seen. First, cognitive and social cognitive benefits occur when children engage in dramatic play and learn to assume and

exchange roles with others. Second, social learning occurs when children play with their peers and learn to handle aggression, negotiate toy conflicts and function socially in a group. Finally, communication competence is enhanced through play. Nonhandicapped children adjust their communications as a function of the listener's developmental level. Verbal interactions between peers are different from adult-child interactions and, therefore, facilitate the acquisition of language skills at a different level.

However, even with the knowledge gained from these observations, if children are free to choose their playmates, how can the goals of social integration be met? The literature suggested several methods to structure play situations.

- Peer Imitation Training - This is a highly structured method using verbal and physical (if necessary) prompting to encourage a child to imitate the behavior of a classmate. The prompt can be faded with adult praise provided for imitative behavior (Appolloni and Cooke, 1978).

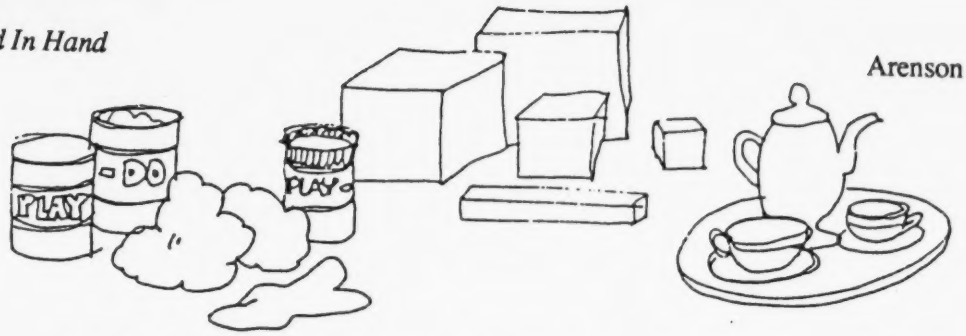
- Teacher Reinforcement - This is a less structured method using teacher reinforcement and attention to increase socialization (Karnes and Lee, 1978). Raver (1979) cautions the teacher to be brief and concise when reinforcing these behaviors so as not to disrupt the play. This type of sensitive facilitation is more likely to produce a transfer of interactions outside the teacher's direct influence (Appolloni and Cooke, 1978).

- Peer Modeling - This is a method using nonhandicapped children to serve as "teachers" of their handicapped peers (Widerstrom, 1982). Compatible children are grouped together for free play. Having nonhandicapped children who are only slightly more developmentally advanced than the handicapped children works best since the normal models benefit from appropriate practice while sharing their skills with their handicapped peers.

There is a word of caution, however, which applies to all of the above methods. When grouping children for play activities their preferences need to be considered. It is important to note that the teacher should not be concerned if not all the children choose to play with the handicapped children (Souweine et. al., 1981). Friendships cannot be forced on unwilling children. What can be done, however, is to provide a warm, accepting environment where children are free to be themselves.

Hand In Hand

Arenson & Hannaman



In addition to providing a warm and accepting environment, the teacher needs to be aware that "...social interactions are influenced by physical and spatial characteristics of early education settings" (Karnes and Lee, 1978). The kinds of materials provided for the children's use will affect the nature and duration of social interactions. Raver (1979) described materials which are conducive to cooperative interaction. She stated that "...certain toys and materials such as sand, clay, tricycles, wagons, and blocks elicited more cooperative play than other toys commonly found in nursery school environments." Some examples of materials and equipment that facilitated cooperative and social integration included outdoor climbing equipment, dolls with accessories, shape boxes, dress up clothes and an available full length mirror, tea sets with one teapot, and crayons and large paper for mural making. Further, when purchasing materials, it is important to provide sufficient sets of duplicate materials "...to permit imitative behavior by handicapped children who might observe and imitate a model child enjoying a material" (Appolloni and Cooke, 1978).

If the teacher notices that despite careful planning and choosing of materials, some of the handicapped children do not appear to be interacting with the nonhandicapped children, he/she should consider the children's skills at toy usage and interaction with adults. Field, et. al., (1982) noted that "...interaction with peers follows interaction

with teachers." Based on observations of how the handicapped child interacts with adults and/or with toys, it may become clear that the child is not yet ready to interact well with peers. Therefore, intervention strategies first may have to focus on learning to interact with adults and with toys before focusing on the more advanced goal of social interaction.

Probably the most important predictor of successful classroom social integration is the teacher's attitude toward the handicapped child. As Allen (1981) suggested, "How the teacher and other adults in the school... respond to and interact with the handicapped children will be a major determinant of how the nonhandicapped children in turn

respond to and interact with the handicapped children." Therefore, a teacher who is committed to mainstreaming and who understands the need to specifically plan activities to facilitate social integration is likely to have a successful program.

Regardless of whether one is establishing a reverse mainstreaming or mainstreaming program, the likelihood for fostering successful social integration is greatly increased by providing a program which is responsive and appropriate for all the children involved and by having strategies and techniques to facilitate the social integration.

Social Integration Annotated Bibliography

1. Mainstreaming Ideas for Teaching Young Children, by Souweine et. al. National Association for Education of Young Children. Washington, D.C. 1981.

   This valuable book describes the philosophy, approach, strategies and sample activities used by the staff at the Early Childhood Education Center, Amherst, Mass. It is especially helpful because it presents strategies for integrating young children as well as techniques for making activities flexible to accomodate different levels of participation. An informative section about the IEP is also included.

2. "Selecting Materials for Mainstreamed Preschools," by Dorene Doerre Ross, in Topics in Early Childhood Special Education. Vol. 2, No. 1, pp. 33-42 April, 1982.

   This article provides background information regarding the importance of play for handicapped children. An extensive discussion of the materials needed to facilitate play is provided. Specific types of materials and toys are mentioned in relationship to the area of development they can help to enhance.

3. The Integrated Preschool Curriculum: Procedures for Socially Integrating Handicapped and Nonhandicapped Preschool Children. (Odom et. al., 1982) Seattle, Washington. University of Washington, 1982.

   This guide is designed to promote social interaction among children during play activities. The curriculum contains a wealth of suggested integrative activities, assessment for measuring the level

of interaction and intervention strategies for children who are socially isolated. The curriculum is designed for use in mainstreamed special education classes, but would be useful in any preschool class concerned with developing social interaction skills.

CURRICULUM CONSIDERATIONS FOR PRESCHOOLERS WITH EXCEPTIONAL NEEDS

Preschoolers with exceptional needs are young children, first and foremost; children with exceptional needs secondly. Selecting curriculum for these children should be based on 1) what is good for young children, 2) adaptations for the child's special needs, 3) family priorities and 4) program philosophy. Many of the new children served under A.B. 2666 will be integrated into regular early childhood programs. In making suggestions for appropriate curriculum strategies, the first priority should be to utilize and adapt the ongoing existing early childhood curriculum to meet the child's special needs in coordination with the regular preschool program staff and the child's family. A functional, age-appropriate curriculum can be developed by taking these factors into consideration.

A wide range of early childhood curricula are available. Further resources for identifying and selecting curricula are suggested:

Additional Resources:

Cook, R., Tessier, A., Ambruster, V. Adapting early childhood curricula for children with special needs. Columbus Ohio: Merrill Publishing Co., 1987.

Mori, A.A., Fewell, R.R., Garwood, S.G., and Neisworth, J.T. "Curricula in Early Childhood Special Education", Topics in Early Childhood Special Education. Rockville, MD: Aspen, January, 1983.

Arenson, B. and Hannaman, B. Hand in hand: A teacher's guide to preschool mainstreaming. San Diego, CA: Special Education Parent Facilitator Project, 1983.

Allen, K.E. and Goetz, E.M. Early childhood education: Special problems special solutions. Rockville, MD: Aspen Publications, 1982.

Hohmann, M. Banet, B. and Weikart, D.P. Young children in action: A manual for preschool educators. Ypsilanti, Mich: The High Scope Press, 1979.

Findlay, J., Miller, P., Pegram, A., Richey, L., Sanford, A., and Semrau, B. A planning guide to the preschool curriculum: The child, the process, the day. Winston-Salem, N.C.: Kaplan Press, 1976.

The following two sections "Child Development" and "Educational Planning and Implementation" are included to provide guidelines for programs developing or selecting early childhood curricula. These materials are excerpts from the Resource guide for early childhood special educators, by E. Lynch, L. Brekken, C. Drouin, and S. Wolfe, 1984.

Child Development

Young children are not just short adults! Infants and preschoolers are in a critical period of rapid growth and development and have unique needs, abilities, temperaments, and learning styles. Although developmental psychology has provided us with a road map of learning milestones, each child travels the road in a slightly different way. Each child is special and his or her uniqueness is often most noticeable during the preschool years, when wide ranges in development are typical of all children. Children with special needs are more like their peers than they are different. Thus, integration of children with special needs into early childhood programs at this early age level is very appropriate.

There has been an increasing growth of knowledge in the area of child development in the past 15 years, and it is important to incorporate this knowledge into our programs for all young children, with or without handicaps. Some of the key points in developing programs for young children are presented below:

A child first, a child with special needs, second:

Children with handicaps are just that - children first, with handicaps second. Most learn, grow and develop in the same sequence as children without handicapping conditions, but their rates of development are different. Staff in infant and preschool programs need to be experts in "normal" development.

Children's development is integrated and branching:

Young children are often viewed and studied through the individual components of development (motor, language or cognition development). In this view, children are looked at as long strands of developmental milestones with skills in one area learned independently from skills in any other area. However, if we look at the whole child, we see that development is integrated and branching: all of the areas are interdependent and interrelated. Because of this, teaching must also be integrated and use all the child's senses in both natural play and structured activities. Children learn skills best in settings where they naturally occur, with many opportunities for practice. For example, specific language, attending behavior and social goals can be easily included in a motor, music or cooking activity. In program planning, children should be viewed holistically.

Developmental programming:

Programs for all young children, including those with special needs, need to be developmentally based: organized around the kinds of skills that we expect young children to acquire in the first five years. Basing a program on developmental theory and the principles of early childhood education does not mean that one must abandon all other theories or teaching technologies. However, it does mean that skills which are developmentally appropriate will be taught using the child's strengths and the teaching strategies that work best for each individual.

Provide opportunities for children to learn and practice new skills and behaviors:

Research indicates that young children need many opportunities to practice skills they are learning and to receive feedback on performance and to modify their responses, in order to master the skills and behaviors that are expected during the preschool years. In programs for preschoolers with special needs, even more opportunities for practice are needed, and children may need more systematic feedback about their performance.

Provide an enriched environment where children have opportunities to interact with a wide range of materials:

Since most preschoolers learn through guided discovery, the preschool classroom should be a stimulating, exciting place to be. However, some young children (both handicapped and non-handicapped) are not able to learn in such a stimulating environment. These youngsters need a more structured setting which allows for learning but provides more limited, manageable choices.

Capitalize on learning opportunities in the activities of daily living:

Everything that takes place in the life of a young child is an opportunity for learning more about himself/herself and the world. Unlike the learning settings and conditions for older children, the entire world is a learning lab for the preschooler. For many children with special needs,

learning within the context of the experience is even more important. The concrete "here and now" is a far more effective way to teach than the verbal abstraction of "if" or "when."

Utilize play as a vehicle for teaching:

Play is the work of children. Young children spend most of their time in play, and it can be powerful learning opportunity. Programs for young children should be a mixture of teacher-directed and child-initiated activities that can be talked about, experienced and interpreted. Play in this context is purposeful and designed to promote thinking and learning. Children with special needs in preschool settings may need to be taught to play, but even children who need more teacher direction, intervention and interpretation can learn from play.

Peers are valuable role models:

This is one of the major reasons for mainstreaming. All children seem to learn from other children - sometimes more easily than they learn from adults. Children with special needs also need the stimulation, challenge and experience provided by age peers at the preschool level. At the same time, non-handicapped children will learn from their peers with special needs. Having a handicap does not mean that you have nothing to teach others. In some situations, the child with special needs will teach his or her non-handicapped peers far more than they will teach him or her.

Mainstreaming takes extra work and a great deal of planning. It is much more complicated than just putting kids together. Parents and staff often are afraid that non-handicapped children will imitate the behaviors of children with special needs in an integrated preschool setting. Sometimes they will, but it is important to remember that (1) just because a child has a handicap, does not mean that some of his or her behaviors should not be copied; and (2) behaviors that don't get a lot of attention don't last long.

All young children need opportunities to experiment with roles and relationships:

One of the most important tasks of early childhood is learning that the world is based on relationships, on getting along with others. During the early years, children are learning that they have an impact on their environment and on the people within it. Although they are primarily "takers," they are beginning to make the first attempts at giving, compromise and problem-solving with other people.

Culture influences development:

Many of our developmental norms are based on normally developing, white, middle-class children. Comparisons using such norms may give us inaccurate and unfair information about children from other backgrounds or cultures. We also know that just as size of family, region of the country, and family expectations influence development, so do the family's ethnicity, primary language, and cultural mores. Black babies and young children are accelerated in their motor development. Children with well-established primary languages who live in a bilingual environment develop more effective cognitive strategies. Children who are not expected to perform or excel often don't. Cultural differences in children, as well as in the family's child rearing values and practices, must be considered by staff in infant and preschool programs.

Indicators

Listed below are a series of statements that may help you determine whether or not your program is consistent with the principles of developmental psychology and early childhood education as they are applied to the education of preschoolers.

___ All of our staff members have a background in child development.

___ Objectives and IEPs reflect an integrated rather than fragmented approach to teaching.

___ Skills that are being taught are developmentally appropriate, not too high or too low.

___ There is a balance between teacher-directed and child-initiated activities.

___ A wide range of teaching strategies are being used--some very structured and some less structured.

___ Teaching strategies are matched to the developmental content of the program model and to the child's individual needs.

___ There is a recordkeeping system which shows each child's progress on specific objectives on a daily, weekly, or monthly basis.

___ There are many opportunities to practice skills that occur naturally in the environment.

___ There are more structured instructional and practice sessions for children who need a more directed approach.

___ The space is organized to allow for stimulating and quiet areas.

___ Most play times have specific goals and objectives and involve staff as "commentators."

___ Non-handicapped children and children with special needs have opportunities to be together and to learn from each other.

___ Children are helped to solve problems with other children with as little teacher intervention as possible.

___ Cultural differences are recognized and utilized to enrich the program.

___ Staff members attend to the cultural values of parents and respect their beliefs.

Educational Planning and Implementation

At the heart of all of our efforts to provide early intervention for young children with special needs and their families is the effective planning and implementation of educational and therapeutic activities to assist the child in reaching his/her fullest potential. Planning an educational program requires knowledge of the child's needs, child development, the available resources (staff, curriculum, materials, etc.), and the magic of effective interaction between the child and adult. The reciprocity and synchronicity of interaction between an infant and parent are evident early in life, and have been shown dramatically in slow motion analyses of video recordings. A similar synchronicity exists in an effective educational interaction, on a much larger scale. The adult-child interaction, the teamwork of the adults in the environment and the interrelation of the child's individualized educational plan into the overall program curriculum must all blend together into consistent whole.

Preschool programs which serve children with special needs need a sound philosophy which can be translated into goals, objectives and daily activities that will enable each child to make progress. This philosophy will provide a framework for intervention for the children and families in the program and guide teaching principles and practices. These "best practices" are described in the following sections:

Cover all developmental areas:

Children are developing in all areas continually. Of course, as all parents and preschool teachers know, sometimes that growth is a little ragged. Young children will suddenly make great progress in one area and hardly seem to grow at all in another. Just as physical growth occurs in spurts, so does development in gross and fine motor, cognition, language, social and self-help skills. As children gain new skills in one area, they begin to consolidate skills in others. Because of this pattern of development which seems to be true for all children regardless of disability, programming in all areas is important in preschool programs. Covering all areas of development on the IEP is not only sound educational practice, but it also helps to remind us that we need to attend to the total child and his/her developmental needs, not just to the areas in which he or she is weakest.

Program for continuous development:

Children with handicapping conditions are tested so frequently, and tests play such a major role in decision-making, that the items on the tests often take on exaggerated importance. When this happens, teachers and parents alike sometimes fall into the trap of teaching splinter skills from the test. For example, many tests used with young children have items that require the child to put pegs into a pegboard and forms into a formboard. These items are measuring the child's coordination, attention to task, and spatial relationships; it is these underlying skills that are important. Too often, children spend hours being taught to put forms in formboards and pegs in pegboards instead of being given a range of activities that help them develop coordination, attending skills, and understanding the relationships of objects in space.

Children are often our best teachers, and if we focus on each child as a "whole" person and take our cues from their behavior, we can provide effective, relevant and developmentally appropriate learning experiences.

Incorporate ideas from many curricula into the classroom:

Although good teachers and good programs have a program philosophy which forms the basis for educational planning and implementation, they may work from several curriculum guides. The program philosophy assists in selecting curricula that are consistent with the program's goals and objectives.

The concepts introduced in most preschool curriculum tend to be repeated in increasingly sophisticated ways as children mature. This kind of curriculum has been referred to as "spiral," for like a spiral, it starts with a few concepts and gradually increases the number and complexity as it grows, allowing for many opportunities to repeat and practice. Programs may want to review and adopt several different guides to assure that they are working on the full range of skills that are important for preschoolers to learn, including overall developmental curricula, as well as curricula that emphasize one particular area such as communication skills.

Teach to both strengths and weaknesses:

Children need the opportunity to improve in their areas of weakness while they are getting opportunities to develop their strengths. Sometimes it is even possible to pair strengths and weaknesses. In this way children gain new skills in their deficit areas while thoroughly enjoying an activity. Children are also less likely to get turned off,

discouraged, or embarrassed than if they were only engaged in activities designed to meet their weak areas.

Provide opportunities for structured and spontaneous learning:

Programs for young children with handicapping conditions need to provide opportunities for structured, directed learning as well as to capitalize on opportunities for spontaneous learning that are a part of every situation.

There are countless opportunities to point things out, provide explanation, ask questions and interpret feelings. These instances, or "critical moments" may occur at the most unlikely times, such as when the caterpillar wiggles into the room, the paint spills, someone tumbles off a slide or the baby chick hatches. When these moments do occur, it is important to take advantage of them, for the learning that occurs at that time is often far more potent than the best planned unit on bugs, art, safety, or baby animals.

Help children generalize:

Many children with special needs have trouble generalizing things that they have learned. Sometimes even changing the setting causes them to forget to use what they have learned. Thus, it is important to teach the same concept in many different ways and in many different settings, relating each experience to the one before.

Adapt activities and materials for various handicaps:

Children's handicaps may interfere with their full participation on various activities, but the handicaps do not need to prevent them from participating. Blind children can still enjoy the zoo; children in wheelchairs can have fun at the beach; and children who can't hear can be in class plays. What it takes to make that happen is what teachers of young children seem to have an abundance of--creativity!!! It is a matter of looking at the child's abilities and disabilities and figuring out ways in which the activities and materials can be adapted to fit the child. Sometimes the adaptation is as simple as developing a buddy system within the room so that each child always has a partner to work with. In other instances the adaptation may involve more teacher or therapist input and intervention, such as making materials larger, outlining borders on papers, adapting equipment, making the environment more accessible, giving more direction, or helping children stop an activity before they ruin it for themselves or others. Parents are often the best source of ideas for their child on adaptations of activities, equipment, furniture and materials. With team input and creativeness, there are few activities in which young children with special needs cannot be included.

Utilize an interdisciplinary team to plan and implement programs:

Educating young children with special needs is a complex task that requires the expertise of many people. No single discipline has all the answers. Staffing patterns, Individualized Educational Plans (IEPs) and service delivery systems of programs for infants and preschoolers with exceptional needs should reflect the input from professionals from a wide range of disciplines.

Include parents as team members:

Preschool teachers probably know more about young children than almost anyone else, but parents know the most about their own child. Although parent involvement is critical in special education at all ages and levels, it is most important during the infant and preschool years, where the most "normalized" setting is the child's home and family. The skills and behaviors taught at school and in the home are much more closely linked during these years than later in the child's life. We also know that early intervention efforts are most effective and longer lasting when there is strong parent involvement. Thus, it is essential to develop a close partnership between parents and early intervention staff.

The practices described in the preceding paragraphs help to make special education for infants and preschoolers with special needs really special. Combined with the principles of learning, teaching, developmental psychology, and early childhood education, they can form the basis for developing and implementing high quality programs for infants and preschoolers with special needs and their families.

Indicators:

As you review your program's approach to educational planning and implementation, you may want to consider the statements below. Check issues that may need further study by the program staff, parents, and administration.

___ The program has a written philosophy which it uses as a basis for program development.

___ There is a written Individualized Education Plan (IEP) for each child with special needs in the program.

___ The IEP contains objectives in all developmental areas. (According to the regulations of Public Law 94-142, objectives in areas not affected by the handicapping condition are not required. They do, however, help to assure that the child's program is integrated.)

___ The IEP includes related services which will be provided, e.g., services from occupational, physical, and language therapists.

___ The skills being taught are developmentally appropriate for each child.

___ The skills and behaviors being taught are justifiable, useful skills and concepts rather than tasks selected from preschool curricula or preschool test instruments without regard for their future view.

___ The program uses one or more preschool curriculum guides to provide a framework for the selection of daily activities.

___ The program records data on each child's progress on a daily/weekly/monthly basis.

___ The data is used to make decisions about what the child should be taught next and about the effectiveness of the teaching strategies.

___ The IEPs and daily activities focus on the child's strengths and weaknesses.

___ The teachers and staff have daily plans for activities and the objectives that they want to accomplish.

___ The teachers and staff feel comfortable departing from their daily plans to use "critical moments" for teaching.

___ The children have opportunities to learn the same concepts/skills/behaviors in many different ways and in many different settings.

___ Children with special needs have opportunities to participate to some degree in all activities.

___ Adapted materials and equipment are available as needed.

___ Parents are involved in the development of the child's program, that is, they help develop the objectives.

___ Parents are frequently in the classroom to observe and/or participate.

___ Teachers and other staff members visit the children's homes on a regular basis.

___ Parents are provided with activities, ideas, pamphlets, tapes, etc., about resources, activities, teaching techniques, discipline, and so forth.

___ Staff members are aware of referral sources within the community and utilize them as necessary.

___ The classroom or center is a setting in which you would like to learn or a setting where you would like to send your own children.

Checklist and Action Plan for Staff & Program Development

These materials are excerpts of The Early Intervention Program Self Assessment Guide, written and edited by Sheila Wolfe and Linda Brekken with assistance from Chris Drouin, Gina Guarneri, and Michael Eastman, January, 1987. The Early Intervention Program Self Assessment Guide is indended to assist programs and personnel in identifying the strengths and needs of their program and to establish a plan for staff and program development. Two sections are included: 1) A Quick Checklist for Identifying Staff and Program Development Strengths and Needs; and 2) Action Plan for Staff and Program Development.

The complete Self Assessment Guide is available from Personnel Development for Infant Preschool Programs, 650 University Avenue, Room 201, Sacramento, California 95825, 916-921-0531.

EARLY INTERVENTION PROGRAM SELF-ASSESSMENT GUIDE

A QUICK CHECKLIST FOR IDENTIFYING STAFF AND PROGRAM DEVELOPMENT STRENGTHS AND NEEDS

DIRECTIONS FOR COMPLETION

The following questions are designed to help you identifying the strengths and needs of your program. Your answers and comments to each question can be used as an initial step in establishing a plan for staff and program development.

To complete this checklist, simply note your responses to each of the following questions. If a YES or NO response does not accurately indicate your perceptions note your feelings, questions or concerns in the space designated for comments. After you have answered all of the questions, review your responses and organize your perceptions of the overall strengths and needs of your program in the section at the end of the checklist.

==========

DOES YOUR PROGRAM HAVE...	Yes	No
o A program **philosophy** about what constitutes quality services for young children with special needs and their families?	___	___
Comments?_____		
o Clearly defined **goals and objectives**?	___	___
Comments?_____		
o A **structure and practices** that reflect the philosophy and goals?	___	___
Comments?_____		
o Ongoing **communication and coordination with others** involved in serving young children and their families?	___	___
Comments?_____		
o A team approach to **screening and assessment procedures** to identify the strengths and needs of each child and family?	___	___
Comments?_____		
o Program services that blend the principles and practices of **normal growth and development** with special education and therapeutic techniques for young children and their families?	___	___
Comments?_____		

- o Methods for **individualizing** services for each child and family? ___ ___

  Comments?_____

- o A variety of **options for family participation, support and involvement?** ___ ___

  Comments?_____

- o **Administrative support** that facilitates the operation of a quality program? ___ ___

  Comments?_____

- o A **management system** that promotes communication between staff, parents and program administrators? ___ ___

  Comments?_____

- o **Staff that are experienced and trained** to work with young children, children with special needs, families, and other team members? ___ ___

  Comments?_____

- o A **staff development plan** to identify and address the program personnel strengths and needs? ___ ___

  Comments?_____

- o A **team approach** to providing services to children and their families? ___ ___

  Comments?_____

- o An **environment** that is geared to the growth and development of young children and their families (if services are center-based)? ___ ___

  Comments?_____

- o Communication between medical and educational personnel to promote coordination of services for children and families? ___ ___

  Comments?_____

- o Policies and procedures to insure the **health and safety** of children, families and staff? ___ ___

  Comments?_____

- o Methods for documenting child and family progress? ___ ___

  Comments?_____

- o Strategies for evaluating the impact and the effectiveness of the program and services? ___ ___

  Comments?_____

==========

BASED ON YOUR RESPONSES AND COMMENTS TO THE ABOVE QUESTIONS WHAT AREAS DO YOU SEE AS:

PROGRAM STRENGTHS:

PROGRAM DEVELOPMENT NEEDS:

AREAS/ASPECTS IN NEED OF FURTHER CLARIFICATION OR DISCUSSION:

EARLY INTERVENTION PROGRAM SELF-ASSESSMENT GUIDE

ACTION PLAN FOR STAFF AND PROGRAM DEVELOPMENT

DIRECTIONS FOR COMPLETION: This form was developed as part of the Early Intervention Program Self-Assessment Guide to clarify the steps or strategies that will used to support identified program strengths and to respond to priorities for staff and program development. The Action Plan should briefly describe:

1) strengths and prioritized needs
2) resources and strategies for staff and program development
3) timelines for staff/program development
4) staff responsibilities

The Action Plan may be completed in a group setting or by a staff development committee with input from other team members and administrators.

****

NAME OF PROGRAM _____

DATE COMPLETED _____ DATE TO BE REVIEWED _____

PROGRAM STRENGTHS	IDEAS/PLANS TO SUPPORT THESE STRENGTHS?	STAFF	TIMELINES

Action Plan for Staff & Program Development - 2 Wolfe/Brekken

PROGRAM DEVELOPMENT NEEDS/PRIORITIES	RESOURCES/PLANS TO ADDRESS THESE NEEDS	STAFF INVOLVED	TIMELINES

SIGNATURES/TITLES OF THOSE INVOLVED IN ESTABLISHING THIS ACTION PLAN:

SW/1/87

Annotated Bibliography

Annotated Bibliography

FAMILY ISSUES

Kroth, R. Communicating with Parents of Exceptional Children: Improving Parent Teacher Relationships. Denver, CO: Love Publishing, 1985.

A discussion of parent professional partnerships is given, with suggested techniques for improving home school relationships.

Turnbull, A. & Turnbull, R. Parents Speak Out: Views From the Otherside. Columbus, OH: Merrill Publishing, 1978.

Personal reactions from professionals who are also parents of children with handicaps are presented, including discussion of issues around parent professionals relationships. A book for professionals and parents.

Waterman, J. "Assessment of the Family System" in Ulrey, G. & Rogers, S. Psychological Assessment of Handicapped Infants and Young Children. New York: Thieme-Stratton, Inc., 1982.

A discussion of family dynamics relative to the evaluation of a handicapped child or a child suspected of having a developmental problem is given.

TEAMING

Allen, K. E., Holm, V. A., & Schiefelbusch, R.L. (Eds.). Early Intervention - A Team Approach. Baltimore, MD: University Park Press, 1978.

This book is an excellent reference for team and early intervention program development. Chapters highlight different aspects of early intervention with the majority of chapters focused on developing a team approach. The chapter, "Interdisciplinary Child Development Team: Team Issues and Training in Interdisciplinariness" provides an excellent overview of the major issues related to developing and maintaining a team approach. The areas discussed include team philosophy, team composition, professional roles and responsibilities, leadership, team meeting strategies, teaming models and training needs.

Staff Development Handbook: A Resource for the Transdisciplinary Process. United Cerebral Palsy Association Inc.; New York, 1976.

This is an especially useful monograph for those interested in the transdisciplinary approach to teaming. The transdisciplinary philosophy is discussed and contrasted with other models of teaming. Issues such as hiring, orientation and commitment of team members, creating a team "learning environment", establishing team goals, and sources and resources for staff development are covered.

ASSESSMENT

Garwood, S.G. Topics in Early Childhood Special Education: Play and Development. Gaithersburg, MD: Aspen Publications, 1982.

The theory, research, and application of play are addressed in this journal. Topics discussed are: Piagetian theory translated into assessment and intervention approaches, differences in play among various special needs groups, effects of the play setting on behavior, relationship between infant play and coping skills and emotional stability, and the effects of a parental intervention program on imaginative play.

Greenspan, S. The Clinical Interview of the Child. New York: MacMillon, 1981.

An in-depth description and discussion of Greenspan's framework for the assessment of young children through play.

Halle, J.W., Alpert, C.L., and Anderson, S.R. "Natural Environment Language Assessment and Intervention with Severely Impaired Preschoolers" in Topics in Early Childhood Special Education, 4(2). Austin, TX: Pro-ED, 1984.

This paper represents a balanced approach to assessment and intervention that surveys both the learner's skills and the context in which the skills are displayed. The essence of this approach is that the natural environment is adopted as the setting for assessment and training.

Neisworth, J.T. (Ed.). Topics in Early Childhood Special Education: Developmental Toys. Austin, TX: Pro-Ed, 1985.

This journal provides a cross section of contemporary theory and practice related to the developmental use of toys. Topics covered are: how toys can influence the type of play activity, the influence of the physical environment on child development, classification of toys, an examination of the correlation of simple object manipulation and later developmental functioning, social and cognitive benefits of various play materials, books as toys, and selecting, adapting, and using specific toys in relation to specific special needs.

Piaget, J. & Inhelder, B. The Psychology of the Child. New York: Basic Books, 1969.

An overview of the Piagetian framework of early childhood development and learning.

Sattler, J. M. Assessing Children's Intelligence and Special Skills. Boston: Allyn and Bacon, 1982.

A textbook which includes helpful hints on how to assess preschoolers.

Silverman, B. The minimal brain dysfunction myth. American Journal of Disabled Children, 1975, 129, 1313-1318.

A review of the meaning of different rates of development in young children. It addresses the questions of when are sensorimotor delays a real problem.

MULTICULTURAL ISSUES

Bilingual Bicultural Education Office, California State Department of Education. Handbook for Teaching Cantonese-Speaking Students. Sacramento, CA: Publications Sales., P.O. Box 271, Sacramento, CA 95802-0271, $4.50, 1984.

This book was written for school personnel to help them better serve Cantonese-speaking students. Major topics that are covered are: general background information (immigration history, educational background, sociocultural factors), specific information regarding the Cantonese language and appropriate program options.

Bilingual Bicultural Education Office, California State Department of Education. Handbook for Teaching Korean-Speaking Students. Sacramento, CA: Publications Sales., P.O. Box 271, Sacramento, CA 95802-0271, 1983.

This book was written for school personnel to help them better serve Korean-speaking students. Major topics that are covered are: general background information (immigration history, educational background, sociocultural factors), specific information regarding the Korean language and appropriate program options.

Bilingual Bicultural Education Office, California State Department of Education. Handbook for Teaching Vietnamese-Speaking Students. Sacramento, CA: Publications Sales., P.O. Box 271, Sacramento, CA 95802-0271, 1983.

This book was written for school personnel to help them better serve Vietnamese-speaking students. Major topics that are covered are: general background information (immigration history, educational background, sociocultural factors), specific information regarding the Vietnamese language and appropriate program options.

Erickson, J. G. & Omark, D. R. (Eds.) Communication Assessment of the Bilingual Bicultural Child. Baltimore, MD: University Park Press, 1981.

This text book provides information in the areas of communication assessment, bilingualism, and the effects of second language learning on the phonological, semantic, and syntactic-morphological system. Information on testing concepts and various assessment approaches are presented.

Omark, D. R., & Erickson, J. G., (Eds.) Bilingual Exceptional Child. San Diego, CA: College-Hill Press, Inc., 1983.

This book provides a comprehensive overview of the topic "bilingual exceptional children. The book is divided into three major sections: Concepts in Education of the Bilingual Exceptional Child (basic issues), Exceptionalities in Bilingual Populations (particular exceptionalities within various cultural groups) and National Issues and Model Programs (national organizations, alternative models, program evaluation).

Westby, C. & Rouse, G. "Culture in education and the instruction of language learning-disabled students". Topics in Language Disorders, 1985, 5(4), 15-28.

This article discusses cultural traditions and values (ie. use of time, group versus individual) and their impact on educational performance. A culturally sensitive program for language learning-disabled bicultural children is outlined.

CURRICULUM

Beckman, P.J., Robinson, C.C., Jackson, B., and Rosenberg, S.A. "Translating developmental findings into teaching strategies for young handicapped children." Journal of the Division for Early Childhood, 10(1), 45-52.

This article covers important teaching principles that interventionists should keep in mind when recommending intervention strategies and activities. These principles include 1) responsivity to the child's cues, 2) appropriate language input 3) enhancing active involvement in the environment 4) activities that are a developmental match.

Blacher, J., Turnbull, A., & Winton, P. Selecting a Preschool: A Guide for Parents of Handicapped Children. Baltimore: University Park Press, 1984.

A discussion of preschool issues for parents and professionals, developed from research conducted with 31 parents. The experiences of parents and handicapped children are interspersed with relevant information on research, laws and policy.

DuBose, R. and Kelly, J. "Curricula and instruction for young handicapped children: A guideline for selection and evaluation." Western States Technical Assistance Resource, May, 1981.

This excellent article reviews the theoretical foundations that underlie the curricula that is available in the field (diagnostic-prescriptive, piagetian, and behavioral). Guidelines are proposed for the selection of curricula. The foundations that were outlined are important to remember when making recommendations for programming in assessment reports. The curriculum list is somewhat dated (1981).

Willoughby-Herb, S.J. "Selecting relevant curricular objectives." Topics in Early Childhood Special Education, 1983, 2, (4), 9-14.

This article provides useful guidelines for selecting curriculum objectives, involving a sequence of three steps: 1) evaluating and adapting the assessment and curricular content to include all areas of development as well as qualitative indicators of child performance; 2) relating the child's learning and behavioral characteristics to selection of objectives; and 3) relating the demands of the child's social environment to the curriculum. Examination of the child's learning and behavioral style and information regarding the child's social environment must all be incorporated into the selection and prioritization of a child's goals and objectives.

Wolery, M.R. "Evaluating curricula: purposes and stategies." Topics in Early Childhood Special Education 1983, 2, (4), 15-24.

As the number of developmental curricula expand, there is a need to evaluate these curriculum in terms of: 1) their applicability to the project; 2) how well they are implemented; and 3) their effectiveness in promoting children's progress. These three evaluation purposes, as well as corresponding evaluation questions and strategies are outlined in this useful article.